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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G42455 (7)

1. Corporation Name

Charter Springs Behavioral Health System, Inc.

Principal Place of Business
3130 S SW 27 Ave
Ocala, FL 32678
U.S.

Mailing Address
577 Mulberry Street
P.O Box 209
Macon, GA 31298

3. Date Incorporated or Qualified: 6/7/83
3a. Date of Last Report: 01/27/96

2. Principal Place of Business
21 3130 S SW 27 Ave
22 Suite, Apt. #, etc.
23 City & State: Ocala FL
24 Zip: 32678 25 Country

2a. Mailing Address
26 577 Mulberry Street
27 Suite, Apt. #, etc.: P.O. Box 209
28 City & State: Macon GA
29 Zip: 31298 30 Country

4. FEI Number: 58-1517461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section s 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cobern, Joseph M 3414 Peachtree Rd NE, Suite 1400 Atlanta, GA 30326 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McRae, Glenn A 577 Mulberry Street Macon, GA 31298 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Little, Joseph C 3414 Peachtree Rd NE, Suite 1400 Atlanta, GA 30326 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV McCauley, John C 577 Mulberry Street Macon, GA 31298 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Sanford, Charlotte A. 3414 Peachtree Rd NE, Suite 1400 Atlanta, GA 30326 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'Shaughnessy, Jon C 3414 Peachtree Rd NE Suite 1400 Atlanta, GA 30326 ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P Johnson, Jim 3414 Peachtree Rd NE, Suite 1400 Atlanta, GA 30326 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S James M. Filush 577 Mulberry Street Macon, GA 31298 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Sanford, Charlotte A 3414 Peachtree Rd NE, Suite 1400 Atlanta, GA 30326 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	700002145641 ☐ Change ☐ Addition -04/17/97--01004--041 ***165.00

4/16/97

CR2E034 (9/96)

14. I declare that I have examined the information supplied with this filing, does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 3/31/97 (912) 742-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James M. Filush Secretary

1997 FLORIDA ANNUAL REPORT

FOR

CHARTER SPRINGS BEHAVIORAL HEALTH SYSTEMS:

ADDITIONAL OFFICERS:

Sr. Exec. V.P.
Martin Schappell
3130 S.W. 27th Ave
Ocala, FL 32674

Exec. V.P.
James Duff
3130 S.W. 27th Ave.
Ocala, Fl 32674

Vice President
Larry Drinkard
577 Mulberry Street
Macon, GA 31298

Assistant Secretary
James R. Bedenbaugh
3414 Peachtree Rd NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
Kirk McConnell
3414 Peachtree Rd NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
Cherie Fuzzell
3414 Peachtree Rd NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
Michelle M. Ancosky
3414 Peachtree Rd NE
Suite 1400
Atlanta, GA 30326