

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 Mailing Address  
**3130 S SW 27 AVE**  
**OCALA FL 32678**  
**US**  
**577 MULBERRY ST**  
**PO BOX 209**  
**MACON GA 31298**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified <b>06/07/1983</b>	
4. FEI Number <b>58-1517461</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COBERN, JOSEPH M</b>	1.2 NAME	<b>J. Kevin Helmlintoller</b>
STREET ADDRESS	<b>3414 PEACHTREE RE N E SUITE 1400</b>	1.3 STREET ADDRESS	<b>3414 Peachtree Rd. N.E. Suite 1400</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>	1.4 CITY-ST-ZIP	<b>Atlanta GA 30326</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITTLE, JOSEPH C</b>	2.2 NAME	
STREET ADDRESS	<b>3414 PEACHTREE RD NE, SUITE 1400</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30328</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANFORD, CHARLOTTE A.</b>	3.2 NAME	
STREET ADDRESS	<b>3414 PEACHTREE RD NE, SUITE 1400</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 03028</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHNSON, JIM</b>	4.2 NAME	<b>Joel C. Ross</b>
STREET ADDRESS	<b>3414 PEACHTREE RD NE, SUITE 1400</b>	4.3 STREET ADDRESS	<b>3414 Peachtree Rd. N.E., Suite 1400</b>
CITY-ST-ZIP	<b>ATLANTA GA 03028</b>	4.4 CITY-ST-ZIP	<b>Atlanta GA 30326</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>VP + Asst. Sec.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FILUSH, JAMES M</b>	5.2 NAME	<b>Margie M. Smith</b>
STREET ADDRESS	<b>577 MULBERRY ST</b>	5.3 STREET ADDRESS	<b>577 Mulberry St.</b>
CITY-ST-ZIP	<b>MACON, GA 00000</b>	5.4 CITY-ST-ZIP	<b>Macon GA 31298</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Margie M. Smith* **MARGIE M. SMITH** 1-8-98 (912) 742-1111

CR2E034 (10/97)