

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90026 003 \*\*\*150.00

DOCUMENT # G42455

1. Corporation Name

CHARTER SPRINGS BEHAVIORAL HEALTH SYSTEM, INC.

Principal Place of Business

3130 S SW 27 AVE  
OCALA FL 32678  
US

Mailing Address

577 MULBERRY ST  
PO BOX 209  
MACON GA 31298

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1983

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6950 Columbia Gateway Dr  
Suite, Apt. #, etc.

2a. Mailing Address

26 577 Mulberry St  
Suite, Apt. #, etc.

23 City & State

Columbia, MD

27 City & State

Macon, GA

24 Zip Country

21046

29 Zip Country

31202

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME J. KEVIN HELMINTOLLER  
STREET ADDRESS 3414 PEACHTREE RE N E SUITE 1400  
CITY-ST-ZIP ATLANTA GA 30326

TITLE D ☒ DELETE  
NAME LITTLE, JOSEPH C  
STREET ADDRESS 3414 PEACHTREE RD ME, SUITE 1400  
CITY-ST-ZIP ATLANTA GA 30326

TITLE D ☐ DELETE  
NAME SANFORD, CHARLOTTE A.  
STREET ADDRESS 3414 PEACHTREE RD NE, SUITE 1400  
CITY-ST-ZIP ATLANTA GA 03026

TITLE P ☒ DELETE  
NAME JOEL C. ROSS  
STREET ADDRESS 3414 PEACHTREE RD NE, SUITE 1400  
CITY-ST-ZIP ATLANTA GA 30326

TITLE VPAS ☐ DELETE  
NAME MARGIE M. SMITH  
STREET ADDRESS 577 MULBERRY ST  
CITY-ST-ZIP MACON, GA 00000 31298

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME D Keith Brown  
2.3 STREET ADDRESS 3414 Peachtree Rd NE Ste 1400  
2.4 CITY-ST-ZIP Atlanta, GA 31202

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Sec. Michelle H. Ancosky  
4.3 STREET ADDRESS 3414 Peachtree Rd NE Ste 1400  
4.4 CITY-ST-ZIP Atlanta, GA 30326

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP 31202

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME VP Linton C. Newlin  
6.3 STREET ADDRESS 577 Mulberry St.  
6.4 CITY-ST-ZIP Macon, GA 31202

14. I hereby certify that 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, with all other like empowered.

SIGNATURE:

Margie M. Smith MARGIE M. SMITH

2-11-99

912-742-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)