

2000 UNIFORM BUSINESS REPORT (UBR)

pg 192

DOCUMENT # G42455

1. Entity Name

CHARTER SPRINGS BEHAVIORAL HEALTH SYSTEM, INC.

FILED

00 SEP 13 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6950 COLUMBIA GATEWAY DR
COLUMBIA MD 21046
US

Mailing Address

577 MULBERRY ST
MACON GA 31202

2. Principal Place of Business

3. Mailing Address

6950 Columbia Gateway Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400

City & State

City & State

Columbia MD

Zip

Country

Zip

Country

21046

Howard



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1517461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME J. KEVIN HELMINTOLLER
STREET ADDRESS 3414 PEACHTREE RD NE, STE 1400
CITY-ST-ZIP ATLANTA GA 30326 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500003392195--3

TITLE DP
NAME BROWN, D. KEITH
STREET ADDRESS 3414 PEACHTREE RD NE, STE 1400
CITY-ST-ZIP ATLANTA GA 31202 ☒ Delete

TITLE D/P
NAME Clarissa C. Marques
STREET ADDRESS 6950 Columbia Gateway Dr, Suite 400
CITY-ST-ZIP Columbia MD 21046 ☐ Change ☐ Addition

TITLE D
NAME SANFORD, CHARLOTTE A.
STREET ADDRESS 3414 PEACHTREE RD NE, STE 1400
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

TITLE D/T
NAME Charlotte A. Sanford
STREET ADDRESS 6666 Powers Ferry Road, # 100
CITY-ST-ZIP Atlanta GA 30339 ☐ Change ☐ Addition

TITLE S
NAME ANCOSKY, MICHELLE H
STREET ADDRESS 3414 PEACHTREE RD NE, STE 1400
CITY-ST-ZIP ATLANTA GA 30326 ☒ Delete

TITLE D/V/S
NAME Mark S. Denilio
STREET ADDRESS 6950 Columbia Gateway Drive, # 400
CITY-ST-ZIP Columbia MD 21046 ☐ Change ☐ Addition

TITLE VPAS
NAME MARGIE M. SMITH
STREET ADDRESS 577 MULBERRY ST
CITY-ST-ZIP MACON GA 31202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME NEWLIN, LINTON C
STREET ADDRESS 577 MULBERRY ST
CITY-ST-ZIP MACON GA 31202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
SP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK S. DENILIO, VP & SECRETARY

9/8/00

Date

410/953-4702

Daytime Phone #

pg 2 of 2



ACCOUNT NO. : 072100000032
REFERENCE : 827597 5028257
AUTHORIZATION :
COST LIMIT : \$ 550.00

Patricia P. [Signature]

ORDER DATE : September 12, 2000
ORDER TIME : 9:52 AM
ORDER NO. : 827597-030
CUSTOMER NO: 5028257
CUSTOMER: Ms. Maria Ayub
Magellan Health Services, Inc.
6950 Columbia Gateway Drive
Suite 400
Columbia, MD 21046

ANNUAL REPORT FILING

NAME: CHARTER SPRINGS BEHAVIORAL
HEALTH SYSTEM, INC.

RECEIVED
00 SEP 13 AM 10:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Allison Smith~~ - Ext. 1155

Janne Wilson EXAMINER'S INITIALS: _____