# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # G42455**

*paid 2*

0577128

**1. Entity Name**

**CHARTER SPRINGS BEHAVIORAL HEALTH SYSTEM, INC.**

FILED

01 APR 30 PM 12: 52

| Principal Place of Business | Mailing Address |
|---|---|
| 6950 COLUMBIA GATEWAY DR<br>COLUMBIA MD 21046<br>US | 6950 COLUMBIA GATEWAY DR<br>SUITE 400<br>COLUMBIA MD 21046 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address | | |
|---|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | **4. FEI Number 58-1517461** | Applied For / Not Applicable |
| Zip / Country | Zip / Country | **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.<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 $150.00**<br>**After MAY 1, 2001 Fee will be $550.00**<br>**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MARQUES, CLARISSA C<br>6950 COLUMBIA GATEWAY DR, SUITE 400<br>COLUMBIA MD 21046 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change   ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVS<br>DEMILIO, MARK S<br>6950 COLUMBIA GATEWAY DR, SUITE 400<br>COLUMBIA MD 21046 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change   ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>SANFORD, CHARLOTTE A<br>6666 POWERS FERRY ROAD, #100<br>ATLANTA GA 30339 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change   ☐ Addition<br>3000040906 33--8 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>NEWLIN, LINTON C<br>~~577 MULBERRY ST~~ 125 Plantation Center Dr<br>MACON GA ~~31202~~ 3122 31221 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change   ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPAS<br>SMITH, MARGIE M<br>~~577 MULBERRY ST~~ 125 Plantation Center Dr<br>MACON GA ~~31202~~ 3122 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change   ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change   ☐ Addition<br>**SP** |

CR2E034 (10/00)

**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:** _____ *Mark S. Demilio, Vice President*

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

**CSC** THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 131817 5028257

AUTHORIZATION : *Patricia Pizzuto*

COST LIMIT : $ 150.00

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ORDER DATE : April 27, 2001

ORDER TIME : 9:38 AM

ORDER NO. : 131817-010

CUSTOMER NO: 5028257

CUSTOMER: Ms. Maria Ayub
Magellan Health Services, Inc.
6950 Columbia Gateway Drive
Suite 400
Columbia, MD 21046

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### ANNUAL REPORT FILING


NAME: CHARTER SPRINGS BEHAVIORAL
HEALTH SYSTEM, INC.


XX    ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING


CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____