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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G54245

1. Corporation Name
CHARTER BEHAVIORAL HEALTH SYSTEM OF BRADENTON, I NC.

Principal Place of Business

577 MULBERRY ST
PO BOX 209
MACON GA 31298

Mailing Address

577 MULBERRY ST
PO BOX 209
MACON GA 31298

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1983

4. FEI Number

58-1527678

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**

2a. Mailing Address

26 **577 Mulberry St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Columbia, MD**

City & State

28 **Macon, GA**

Zip

24 **21046**

Country

Zip

29 **31202**

Country

30

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 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 restating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	J. KEVIN HELMINTOLLER	3414 PEACHTREE RD NE SUITE 1400	ATLANTA GA 30326	<input type="checkbox"/>
DP	JOEL C. ROSS	3414 PEACHTREE RD NE STE 1400	ATLANTA GA 30326	<input checked="" type="checkbox"/>
V	EVERETT, KIM	3414 PEACHTREE RD NE STE 1400	ATLANTA GA	<input checked="" type="checkbox"/>
VPAS	MARGIE M. SMITH	577 MULBERRY ST.	MACON GA 31298	<input type="checkbox"/>
AS	JEFFREY T. HUDKINS	577 MULBERRY ST.	MACON GA 31298	<input type="checkbox"/>
DT	SANFORD, CHARLOTTE	3414 PEACHTREE RD NE SUITE 1400	ATLANTA GA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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)