FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:08

DOCUMENT # H23570 (5)

1. Corporation Name
CHARTER HOSPITAL OF MIAMI, INC.

Principal Place of Business	Mailing Address
1100 NW 27 ST MIAMI FL 33172 US	577 MULBERRY ST. P O BOX 209 MACON GA 31298

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/02/1984
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 61-1061599 — Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☒ Change ☐ Addition
NAME	COBERN, JOSEPH M.	12 NAME	Cobern, Joseph M
STREET ADDRESS	577 MULBERRY STREET	13 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400
CITY-ST-ZIP	MACON GA	14 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCRAE, GLENN A	22 NAME	
STREET ADDRESS	577 MULBERRY ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MACON GA	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	MCCAULEY, JOHN C	32 NAME	
STREET ADDRESS	577 MULBERRY ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MACON GA	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	P ☐ Change ☐ Addition
NAME	O'SHAUGHNESSY, JON C	42 NAME	O'Shaughnessy, Jon C
STREET ADDRESS	577 MULBERRY STREET	43 STREET ADDRESS	3414 Peachtree Rd NE, Suite 1400
CITY-ST-ZIP	MACON GA	44 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	T	51 TITLE	T ☒ Change ☐ Addition
NAME	SANFORD, CHARLOTTE A	52 NAME	Sanford, Charlotte A
STREET ADDRESS	577 MULBERRY STREET	53 STREET ADDRESS	3414 Peachtree Rd NE, Suite 1400
CITY-ST-ZIP	MACON GA	54 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	FILUSH, JAMES M	62 NAME	
STREET ADDRESS	577 MULBERRY ST.	63 STREET ADDRESS	
CITY-ST-ZIP	MACON GA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ James M. Filush - 1-95 (912)-742-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Secretary

0400126 FP

(1)

ATTACHMENT TO:

1994 CORPORATION ANNUAL REPORT

FOR

CHARTER HOSPITAL OF MIAMI, INC.

ADDITIONAL OFFICERS:

Sr. Executive Vice President
Terry O. Fields
4004 North Riverside Dr.
Tampa, FL 33603

Executive Vice President
Amada Hopkins
11100 N. W. 27th Street
Miami, FL 33172

Vice President
H. Dale Rumph
577 Mulberry Street
Macon, GA 31298

Assistant Secretary
James R. Bedenbaugh
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
Kirk D. McConnell
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
David J. Hansen
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326