FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

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 31202-0209

3. Date Incorporated or Qualified: **10/02/1984**
3a. Date of Last Report: **02/02/1996**

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip: 25: Country:

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip: 30: Country:

4. FEI Number: **61-1061599** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COBERN, JOSEPH M. 3414 PEACHREE RD NE SUITE 1400 ATLANTA GA	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D COBERN, JOSEPH M. 3414 Peachtree Rd., NE Suite 1400 Atlanta, GA 30326	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCRAE, GLENN A 577 MULBERRY ST. MACON GA	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D LITTLE, JOSEPH C. 3414 Peachtree Rd., NE Suite 1400 Atlanta, GA 30326	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCCAULEY, JOHN C 577 MULBERRY ST. MACON GA	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V Everett, Kim 3414 Peachtree Rd., NE Suite 1400 Atlanta, GA 30326	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'SHAUGHNESSY, JON C 3414 PEACHTREE RD NE, SUITE 1400 MACON GA	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P JIM JOHNSON 3414 Peachtree Rd., NE Suite 1400 Atlanta, GA 30326	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SANFORD, CHARLOTTE A 3414 PEACHTREE RD NE, SUITE 1400 ATLANTA GA	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DT SANFORD, CHARLOTTE 3414 Peachtree Rd., NE Suite 1400 Atlanta, GA 30326	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FILUSH, JAMES M 577 MULBERRY ST. MACON GA	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☑ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 1-9-97 (912) 742-1161
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date

JAMES M. FILUSH - Secretary