

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 61-1061599	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		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	D <input checked="" type="checkbox"/> DELETE	11 TITLE	President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COBERN, JOSEPH M.	12 NAME	Joel C. Ross
STREET ADDRESS	3414 PEACHTREE RD NE SUITE 1400	13 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	Atlanta GA 30326
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLE, JOSEPH C	22 NAME	J. Kevin Helms
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400	23 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	Atlanta GA 30326
TITLE	V <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, KIM	32 NAME	
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400	33 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	41 TITLE	Vice President + Asst. Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, JIM	42 NAME	Margie M. Smith
STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400	43 STREET ADDRESS	577 Mulberry St.
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	Macon GA 31298
TITLE	DT <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, CHARLOTTE	52 NAME	
STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400	53 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	61 TITLE	Asst. Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FILUSH, JAMES M	62 NAME	Jeffrey T. Hudkins
STREET ADDRESS	577 MULBERRY ST.	63 STREET ADDRESS	577 Mulberry St.
CITY-ST-ZIP	MACON GA	64 CITY-ST-ZIP	Macon GA 31298

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.

CR2E034 (10/97)