

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H51313 (5)

1. Corporation Name

CHARTER MEDICAL OF ORANGE COUNTY, INC.

Principal Place of Business

**577 MULBERRY STREET
PO BOX 209
MACON GA 31298**

Mailing Address

**577 MULBERRY STREET
PO BOX 209
MACON GA 31298**

FILED
95 JAN 27 PM 3:14
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/09/1985

3a. Date of Last Report

03/09/1994

4. FEI Number

58-1615673

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	COBERN, JOSEPH M
STREET ADDRESS	577 MULBERRY STREET
CITY- ST- ZIP	MACON GA
TITLE	D
NAME	MCRAE, GLENN A
STREET ADDRESS	577 MULBERRY STREET
CITY- ST- ZIP	MACON GA
TITLE	DV
NAME	MCCAULEY, JOHN C
STREET ADDRESS	577 MULBERRY STREET
CITY- ST- ZIP	MACON GA
TITLE	P
NAME	FREEMAN, WILLIAM H, JR
STREET ADDRESS	577 MULBERRY STREET
CITY- ST- ZIP	MACON GA
TITLE	S
NAME	FILUSH, JAMES M
STREET ADDRESS	577 MULBERRY STREET
CITY- ST- ZIP	MACON GA
TITLE	T
NAME	SANFORD, CHARLOTTE A
STREET ADDRESS	577 MULBERRY STREET
CITY- ST- ZIP	MACON GA 31298

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	COBERN, JOSEPH M	
1.3 STREET ADDRESS	3414 Peachtree Rd, NE Suite 1400	
1.4 CITY- ST- ZIP	Atlanta, GA 30326	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	P	☒ Change ☐ Addition
4.2 NAME	Freeman, William H. Jr	
4.3 STREET ADDRESS	3414 Peachtree Rd, NE Suite 1400	
4.4 CITY- ST- ZIP	Atlanta, GA 30326	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE	T	☒ Change ☐ Addition
6.2 NAME	Sanford, Charlotte A	
6.3 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400	
6.4 CITY- ST- ZIP	Atlanta, GA 30326	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information is based on the 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M Filush
Secretary

Title

Signature Year #