

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 02 1996 8:00 am  
Secretary of State

DOCUMENT # H75699 (9)  
1. Corporation Name  
CHARTER BAY HARBOR BEHAVIORAL HEALTH SYSTEM, INC



Principal Place of Business  
4480 51 ST WEST  
BRADENTON FL 34210

Mailing Address  
577 MULBERRY STREET  
PO BOX 209  
MACON GA 31298

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/12/1985

3a. Date of Last Report

02/07/1995

4. FEI Number

58-1640244

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

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 state if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
COBERN, JOSEPH M  
3414 PEACHTREE RD NE, SUITE 1400  
ATLANTA GA  
D  
MCRAE, GLENN A  
577 MULBERRY ST.  
MACON GA  
P  
OSHAUGHNESSY, JONC  
3414 PEACHTREE RD NE, SUITE 1400  
ATLANTA GA  
T  
SANFORD, CHARLOTTE A  
3414 PEACHTREE RD NE, SUITE 1400  
ATLANTA GA  
DV  
MCCAULEY, JOHN C.  
577 MULBERRY STREET  
MACON GA  
S  
FILUSH, JAMES M  
577 MULBERRY STREET  
MACON GA

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

P. Jim Johnson  
3414 Peachtree Rd NE, Suite 1400  
Atlanta, GA 30326

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

912-742-1161

Date

Daytime Phone #

CR2E034 (12/95)

**1996 CORPORATION ANNUAL REPORT**  
**FOR**  
**CHARTER BAY HARBOR BEHAVIORAL HEALTH SYSTEM, INC.**

**ADDITIONAL OFFICERS:**

**Sr. Executive VP**  
**Ray Heckerman**  
**4480 51st Street West**  
**Bradenton, FL 34210**

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

**Assistant Secretary**  
**Cherie M. Fuzzell**  
**3414 Peachtree RD NE**  
**Suite 1400**  
**Atlanta, GA 30326**

**VP- Risk Management**  
**John C. McCauley**  
**577 Mulberry Street**  
**Macon, GA 31298**

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

**Executive VP**  
**Dennis Jones**  
**12895 Seminole Blvd**  
**Largo, FL 34648**