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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

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



Principal Place of Business Mailing Address  
**4480 51 ST WEST** **577 MULBERRY STREET**  
**BRADENTON FL 34210** **PO BOX 209**  
**MACON GA 31298**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/12/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-1640244	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		29		30	
25		30		6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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
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 the if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director
NAME	COBERN, JOSEPH M	1.2 NAME	J. Kevin Helms
STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400	1.3 STREET ADDRESS	3414 Peachtree Rd. NE, Suite 1400
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	VP	2.1 TITLE	
NAME	EVEVETT, KIM	2.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD., N.E., SUITE 1400	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	President, Director
NAME	JOHNSON, JIM	3.2 NAME	Joel C. Ross
STREET ADDRESS	3414 PEACHTREE RD NE SUITE 1400	3.3 STREET ADDRESS	3414 Peachtree Rd. NE, Suite 1400
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	TD	4.1 TITLE	
NAME	SANFORD, CHARLOTTE A	4.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	LITTLE, JOSEPH C.	5.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD. N.E., SUITE 1400	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	VP + Asst. Sec.
NAME	FILUSH, JAMES M	6.2 NAME	Margie M. Smith
STREET ADDRESS	577 MULBERRY STREET	6.3 STREET ADDRESS	577 Mulberry St.
CITY-ST-ZIP	MACON GA	6.4 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.

SIGNATURE: *Margie M. Smith* MARGIE M. SMITH 1-8-98 (9/2) 742-1110

CR2E034 (10/97)