

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90026 010 ***150.00

DOCUMENT # **H75699**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1985

2. Principal Place of Business

2a. Mailing Address

21 6950 Columbia Gateway Dr

26 577 Mulberry St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Columbia, MD

28 Macon, GA

Zip

Country

Zip

Country

24 21046

25

29 31202

30

4. FEI Number

58-1640244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	J. KEVIN HELMINTOLLER	
STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	EVEVETT, KIM	
STREET ADDRESS	3414 PEACHTREE RD., N.E., SUITE 1400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOEL C. ROSS	
STREET ADDRESS	3414 PEACHTREE RD NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANFORD, CHARLOTTE A	
STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LITTLE, JOSEPH C.	
STREET ADDRESS	3414 PEACHTREE RD. N.E., SUITE 1400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	MARGIE M. SMITH	
STREET ADDRESS	577 MULBERRY STREET	
CITY-ST-ZIP	MACON GA 31298	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P.D. D. Keith Brown
2.3 STREET ADDRESS	3414 Peachtree Rd NE Ste 1400
2.4 CITY-ST-ZIP	Atlanta, GA 31202
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP Linton C. Newlin
3.3 STREET ADDRESS	577 Mulberry St.
3.4 CITY-ST-ZIP	Macon, GA 31202
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sec Michelle H. Ancosky
5.3 STREET ADDRESS	3414 Peachtree Rd NE Ste 1400
5.4 CITY-ST-ZIP	Atlanta, GA 30326
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	31202

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, with all other like empowered.

SIGNATURE: **Margie M. Smith** **MARGIE M. SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99

Date

912-742-1161

Daytime Phone #

CR2E034 (11/98)