

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H75699

FILED
May 01, 2007
Secretary of State

Entity Name: CHARTER BAY HARBOR BEHAVIORAL HEALTH SYSTEM, INC.

Current Principal Place of Business:

6950 COLUMBIA GATEWAY DR
COLUMBIA, MD 21046

New Principal Place of Business:

Current Mailing Address:

6950 COLUMBIA GATEWAY DRIVE
SUITE 400
COLUMBIA, MD 21046

New Mailing Address:

FEI Number: 58-1640244 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DEMILIO, MARK S
Address: 55 NOD ROAD
City-St-Zip: AVON, CT 06001

Title: VP () Delete
Name: NEWLIN, LINTON C
Address: 125 PLANTATION CENTER DR
City-St-Zip: MACON, GA 31221

Title: T () Delete
Name: DEMILIO, MARK S
Address: 55 NOD ROAD
City-St-Zip: AVON, CT 06001

Title: VPAS () Delete
Name: SMITH, MARGIE M
Address: 125 PLANTATION CENTER DR
City-St-Zip: MACON, GA 31221

Title: V/S () Delete
Name: MCQUILLEN, MICHAEL P
Address: 6950 COLUMBIA GATEWAY DRIVE
City-St-Zip: COLUMBIA, MD 21046

Title: D () Delete
Name: SHAPIRO, IRENE
Address: 55 NOD ROAD
City-St-Zip: AVON, CT 06001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK S. DEMILIO

DP

05/01/2007

Electronic Signature of Signing Officer or Director

Date