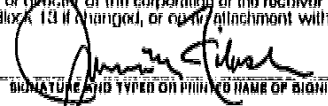


2-1-95-6-734-2
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 FEB -1 AM 11:30	
DOCUMENT # J35056 (7) 1. Corporation Name CHARTER MEDFIELD BEHAVIORAL HEALTH SYSTEM, INC.					
Principal Place of Business 577 MULBERRY STREET P.O. BOX 209 MACON GA 31298 US		Mailing Address 577 MULBERRY STREET P.O. BOX 209 MACON GA 31298 US		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/25/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report 03/08/1994	
City & State 22		City & State 27		4. FEI Number 58-1705131	
Zip 24		Country 25		Applied For ☐ Not Applicable	
Country 29		Country 30		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 reappointing) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	☒ Change	☐ Addition
NAME	COBERN, JOSEPH M.	1.2 NAME	COBERN, JOSEPH M.		
STREET ADDRESS	577 MULBERRY STREET	1.3 STREET ADDRESS	3414 Peachtree Rd NE, Suite 1400		
CITY-ST-ZIP	MACON GA	1.4 CITY-ST-ZIP	Atlanta, GA 30326		
TITLE	D	2.1 TITLE		☐ Change	☐ Addition
NAME	MCRAE, GLENN A	2.2 NAME			
STREET ADDRESS	577 MULBERRY ST	2.3 STREET ADDRESS			
CITY-ST-ZIP	MACON GA	2.4 CITY-ST-ZIP			
TITLE	DV	3.1 TITLE		☐ Change	☐ Addition
NAME	MCCAULEY, JOHN C	3.2 NAME			
STREET ADDRESS	577 MULBERRY ST.	3.3 STREET ADDRESS			
CITY-ST-ZIP	MACON GA	3.4 CITY-ST-ZIP			
TITLE	P	4.1 TITLE	P	☒ Change	☒ Addition
NAME	WILLIAM H. FREEMAN JR.	4.2 NAME	O'Shaughnessy, Jon C.		
STREET ADDRESS	577 MULBERRY STREET	4.3 STREET ADDRESS	3414 Peachtree Rd NE, Suite 1400		
CITY-ST-ZIP	MACON GA 31298	4.4 CITY-ST-ZIP	Atlanta, GA 30326		
TITLE	S	5.1 TITLE		☐ Change	☐ Addition
NAME	FILUSH, JAMES M	5.2 NAME			
STREET ADDRESS	577 MULBERRY STREET	5.3 STREET ADDRESS			
CITY-ST-ZIP	MACON GA	5.4 CITY-ST-ZIP			
TITLE	T	6.1 TITLE	T	☒ Change	☐ Addition
NAME	SANFORD, CHARLOTTE A	6.2 NAME	Sanford, Charlotte A		
STREET ADDRESS	577 MULBERRY STREET	6.3 STREET ADDRESS	3414 Peachtree Rd NE, Suite 1400		
CITY-ST-ZIP	MACON GA	6.4 CITY-ST-ZIP	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 110.07(3)(k), 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 with attachment with an address.					
SIGNATURE:  James M. Filush 1-1995 (912) 742-1161					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Printed					

ATTACHMENT TO:

1994 CORPORATION ANNUAL REPORT

FOR

CHARTER MEDFIELD BEHAVIORAL HEALTH SYSTEM, INC.

ADDITIONAL OFFICERS:

**Executive Vice President
Laura Schuck
12891 Seminole Blvd
Larago, FL 34648**

**Vice President
H. Dale Rumph
577 Mulberry Street
Macon, GA 31298**

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

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

**Assistant Secretary
David J. Hansen
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326**