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
95 JUN 27 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P00796 (3)

1. Corporation Name
CHARTER MEDICAL EXECUTIVE CORPORATION

Principal Place of Business
577 MULBERRY ST.
P.O. BOX 209
MACON GA 31298

Mailing Address
577 MULBERRY ST.
P.O. BOX 209
MACON GA 31298

3. Date Incorporated or Qualified: 02/02/1984
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 58-1538092 — 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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ 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	P	3.1 TITLE	P ☒ Change ☐ Addition
NAME	WINGFIELD, C CLARK	3.2 NAME	Wingfield, C. Clavie
STREET ADDRESS	577 MULBERRY ST.	3.3 STREET ADDRESS	3414 Peachtree Rd, NE Suite 1400
CITY-ST-ZIP	MACON GA	3.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	FILUSH, JAMES M	4.2 NAME	
STREET ADDRESS	577 MULBERRY ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	T ☒ Change ☐ Addition
NAME	SANFORD, CHARLOTTE A	5.2 NAME	Sanford, Charlotte A
STREET ADDRESS	577 MULBERRY STREET	5.3 STREET ADDRESS	3414 Peachtree Rd, NE Suite 1400
CITY-ST-ZIP	MACON GA	5.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	AS	6.1 TITLE	AS ☐ Change ☒ Addition
NAME	MCLURE, HOWARD A	6.2 NAME	James R. Bedenbaugh
STREET ADDRESS	577 MULBERRY ST.	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 119.07(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 an attachment with an address.

SIGNATURE: James M. Filush 1-16-95 (912)-742-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Secretary — Date — Daytime Phone #

0003483 CP