

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

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Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00796 (3)

1. Corporation Name

CHARTER MEDICAL EXECUTIVE CORPORATION

Principal Place of Business

577 MULBERRY ST.
P.O. BOX 209
MACON GA 31208

Mailing Address

577 MULBERRY ST.
P.O. BOX 209
MACON GA 31202-0209



3. Date Incorporated or Qualified 02/02/1984	3a. Date of Last Report 02/02/1996
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	

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

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

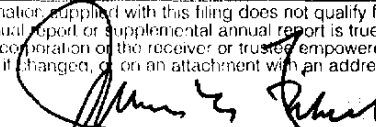
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D COBERN, JOSEPH M.	1.1 TITLE	☐ Change ☐ Addition
NAME	3414 PEACHTREE RD SUITE 1400	1.2 NAME	
STREET ADDRESS	ATLANTA GA	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D MCRAE, GLENN A	2.1 TITLE	☐ Change ☒ Addition
NAME	577 MULBERRY ST.	2.2 NAME	D LITTLE, JOSEPH C.
STREET ADDRESS	MACON GA	2.3 STREET ADDRESS	3414 Peachtree Rd., NE Suite 1400
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Atlanta, GA 30326
TITLE	P WINGFIELD, C CLARK	3.1 TITLE	☐ Change ☐ Addition
NAME	3414 PEACHTREE RD NE SUITE 1400	3.2 NAME	
STREET ADDRESS	ATLANTA GA	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	S FILUSH, JAMES M	4.1 TITLE	☐ Change ☐ Addition
NAME	577 MULBERRY ST.	4.2 NAME	
STREET ADDRESS	MACON GA	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	T SANFORD, CHARLOTTE A	5.1 TITLE	☒ Change ☐ Addition
NAME	3414 PEACHTREE RD NE SUITE 1400	5.2 NAME	DAT SANFORD, CHARLOTTE
STREET ADDRESS	ATLANTA GA	5.3 STREET ADDRESS	3414 Peachtree Rd., NE Suite 1400
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Atlanta, GA 30326
TITLE	DV MCCAULEY, JOHN	6.1 TITLE	☐ Change ☒ Addition
NAME	577 MULBERRY STREET	6.2 NAME	V Everett, Kim
STREET ADDRESS	MACON GA	6.3 STREET ADDRESS	3414 Peachtree Rd., NE Suite 1400
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Atlanta, GA 30326

14. I do 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:  1-9-97 (912) 742-1161
James M. Filush Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/96)