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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

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 31202-0209

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

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

CR2E034 (9/96)

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: [signature] 1-9-97 (912) 742-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
JAMES M. FILUSH Secretary