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Apr 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1984

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 3414 PEACHTREE RD, NE

Suite, Apt #, etc.

22 SUITE 1400

City & State

23 ATLANTA, GA

Zip

24 30326

Country

25 USA

2a. Mailing Address

26 3414 PEACHTREE RD, NE

Suite, Apt #, etc.

27 SUITE 1400

City & State

28 ATLANTA, GA

Zip

29 30326

Country

30 USA

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

TITLE ☐ DELETE

NAME
D COBERN, JOSEPH M.
STREET ADDRESS
3414 PEACHTREE RD SUITE 1400
CITY-ST-ZIP
ATLANTA GA

TITLE ☐ DELETE

NAME
D LITTLE, JOSEPH C
STREET ADDRESS
3414 PEACHTREE RD NE STE 1400
CITY-ST-ZIP
ATLANTA GA

TITLE ☒ DELETE

NAME
P WINGFIELD, C CLARK
STREET ADDRESS
3414 PEACHTREE RD NE SUITE 1400
CITY-ST-ZIP
ATLANTA GA

TITLE ☐ DELETE

NAME
S FILUSH, JAMES M
STREET ADDRESS
577 MULBERRY ST.
CITY-ST-ZIP
MACON GA

TITLE ☒ DELETE

NAME
DT SANFORD, CHARLOTTE A
STREET ADDRESS
3414 PEACHTREE RD NE SUITE 1400
CITY-ST-ZIP
ATLANTA GA

TITLE ☒ DELETE

NAME
V EVERETT, KIM
STREET ADDRESS
3414 PEACHTREE RD NE STE 1400
CITY-ST-ZIP
ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P JAMES B. CICHANSKI
3414 PEACHTREE RD, NE, SUITE 1400
ATLANTA, GA 30326

TV MICHAEL G. NEWELL
3414 PEACHTREE RD, NE, SUITE 1400
ATLANTA, GA 30326

D JOHN R. HAMILTON, III
3414 PEACHTREE RD, NE, SUITE 1400
ATLANTA, GA 30326

14. I 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: Joseph M. Cobern JOSEPH M. COBERN 2/18/98 404-814-0800

CR2E034 (10/97)