FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 02 1996 8:00 am
Secretary of State

DOCUMENT # **P05975 (8)**

1. Corporation Name

CHARTER-BY-THE-SEA BEHAVIORAL HEALTH SYSTEM, INC

Principal Place of Business	Mailing Address
2927 DEMERE RD ST SIMONS GA 31522 US	577 MULBERRY STREET P.O. BOX 209 MACON GA 31298

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **05/10/1985**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **58-1351301** ☐ 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 required for printed name of registered agent listed at left, 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. NE STE. 1400		1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCRAE, GLENN A		2.2 NAME	
STREET ADDRESS	577 MULBERRY STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	O'SHAUGNESSY, JON C		3.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD. NE STE. 1400		3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RUMPH, H D		4.2 NAME	
STREET ADDRESS	577 MULBERRY STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA		4.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCAULEY, JOHN C.		5.2 NAME	
STREET ADDRESS	577 MULBERRY STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FILUSH, JAMES M		6.2 NAME	
STREET ADDRESS	577 MULBERRY STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: [signature] 1-16-96 912-742-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1996 CORPORATION ANNUAL REPORT

FOR

CHARTER BY-THE-SEA BEHAVIORAL HEALTH SYSTEM, INC.

ADDITIONAL OFFICERS:

Sr. Executive VP
Ron Fincher
1150 Cornell Ave.
Savannah, GA 31416

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

Assistant Secretary
Cherie M. Fuzzell
3414 Peachtree RD NE
Suite 1400
Atlanta, GA 30326

VP- Risk Management
John C. McCauley
577 Mulberry Street
Macon, GA 31298

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

Executive VP
Danny Mozley
2927 Demere Rd
St. Simons, GA 31522