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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:39

DOCUMENT # P25223 (9)

1. Corporation Name  
CHARTER HOSPITAL OF ST. LOUIS, INC.

Principal Place of Business Mailing Address  
206 PARK PLACE BLVD 577 MULBERRY ST.  
KISSIMMEE FL 32741 MACON GA 31290  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/18/1989  
3a. Date of Last Report 03/09/1994

4. FEI Number 58-1583760 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 24 Country 28 Zip 29 Country 30

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRINKARD, LAWRENCE W.	1.2 NAME	DRINKARD, LAWRENCE W.
STREET ADDRESS	577 MULBERRY ST.	1.3 STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400
CITY - ST - ZIP	MACON GA	1.4 CITY - ST - ZIP	ATLANTA, GA 30326
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAULEY, JOHN C.	2.2 NAME	
STREET ADDRESS	577 MULBERRY ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MACON GA	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILUSH, JAMES M	3.2 NAME	FILUSH, JAMES, M
STREET ADDRESS	577 MULBERRY ST.	3.3 STREET ADDRESS	577 MULBERRY STREET
CITY - ST - ZIP	MACON GA	3.4 CITY - ST - ZIP	MACON, GA 31298
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBERN, JOSEPH M.	4.2 NAME	COBERN JOSEPH M
STREET ADDRESS	577 MULBERRY STREET	4.3 STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400
CITY - ST - ZIP	MACON GA	4.4 CITY - ST - ZIP	ATLANTA, GA
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, GLENN A	5.2 NAME	
STREET ADDRESS	577 MULBERRY ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MACON GA	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, CHARLOTTE A	6.2 NAME	SANFORD, CHARLOTTE A
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

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 110.07(3)(a), Florida Statutes. I further certify that the information furnished 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, changed, or in an attachment with an address.

SIGNATURE: James M. Filush DATE: 2-7-95 REGISTERED OFFICER OR DIRECTOR PHONE # 912-742-1161

**ATTACHMENT TO:**

**1995 CORPORATION ANNUAL REPORT  
FOR  
CHARTER HOSPITAL OF ST. LOUIS, INC.**

**OFFICERS:**

**Sr. Executive Vice President**  
Jon C. O'Shaughnessy  
3414 Peachtree Road, N. W., Suite 1400  
Atlanta, GA 30326

**Sr. Executive Vice President**  
Elbert T. McQueen  
3414 Peachtree Road, N. W., Suite 1400  
Atlanta, GA 30326

**Sr. Executive Vice President**  
James Duff  
3130 S. W. 27th Avenue  
Ocala, FL 32674

**Executive Vice President**  
Louis R. Joseph  
2700 East Phillips Road  
Greer, SC 29651

**Assistant Secretary**  
James R. Bedenbaugh  
3414 Peachtree Road, N. E., Suite 1400  
Atlanta, GA 30326

**Assistant Secretary**  
Kirk D. McConnell  
3414 Peachtree Road, N. W., Suite 1400  
Atlanta, GA 30326

**Assistant Secretary**  
David J. Hansen  
3414 Peachtree Road, N. W., Suite 1400  
Atlanta, GA 30326

**Executive Vice President**  
Steven M. Glazier  
206 Park Place Drive  
Kissimmee, FL 34741