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PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P25223** (9)

1. Corporation Name

CHARTER HOSPITAL OF ST. LOUIS, INC.



Principal Place of Business

Mailing Address

206 PARK PLACE BLVD
KISSIMMEE FL 32741
US

577 MULBERRY ST.
MACON GA 31298

3. Date Incorporated or Qualified

07/18/1989

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of officer or president, secretary or registered agent and if not applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	DRINKARD, LAWRENCE W.	
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCAULEY, JOHN C.	
STREET ADDRESS	577 MULBERRY ST.	
CITY-ST-ZIP	MACON GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FILUSH, JAMES M	
STREET ADDRESS	577 MULBERRY ST.	
CITY-ST-ZIP	MACON GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COBERN, JOSEPH M.	
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	M CRAE, GLENN A	
STREET ADDRESS	577 MULBERRY ST.	
CITY-ST-ZIP	MACON GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SANFORD, CHARLOTTE A	
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JON C O'SHEAUGHNESSY	
1.3 STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400	
1.4 CITY- ST- ZIP	ATLANTA, GA 30326	
2.1 TITLE	VP + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

912-742-1161

Date

Daytime Phone #

CR2E034 (12/95)

1996 CORPORATION ANNUAL REPORT

FOR

CHARTER HOSPITAL OF ST. LOUIS, INC..

ADDITIONAL OFFICERS:

Sr. Executive VP
Louis R. Joseph
2700 E Phillips Road
Greer, SC 29650

Executive Vice President
Michael Harrington
12895 Semiole Blvd
Largo, FL 34648

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

Assistant Secretary
Kirk D. McConnell
3414 Peachtree Rd, NE
Suite 1400

Assistant Secretary
Cherie Fuzzell
3414 Peachtree Rd NE
Suite 1400
Atlanta, GA 30326