


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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 # P25223 (9) 1. Corporation Name CHARTER HOSPITAL OF ST. LOUIS, INC.					
Principal Place of Business 206 PARK PLACE BLVD KISSIMMEE FL 32741 US			Mailing Address 577 MULBERRY ST. MACON GA 31201-2728		
2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/18/1989 3a. Date of Last Report 02/02/1996 4. FEI Number 58-1583760 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ DATE _____ <small>Signature required for principal officers, directors, and registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P NAME O'SHEUGHNESSY, JON C STREET ADDRESS 3414 PEACHTREE RD NE SUITE 1400 CITY-ST-ZIP ATLANTA GA <input checked="" type="checkbox"/> DELETE			1.1 TITLE P 1.2 NAME JOHNSON, JIM R. 1.3 STREET ADDRESS 3414 Peachtree Rd NE Suite 1400 1.4 CITY-ST-ZIP Atlanta, GA 30326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE VPD NAME MCCAULEY, JOHN C. STREET ADDRESS 577 MULBERRY ST. CITY-ST-ZIP MACON GA <input checked="" type="checkbox"/> DELETE			2.1 TITLE V 2.2 NAME Everett, Kim 2.3 STREET ADDRESS 3414 Peachtree Rd., NE Suite 1400 2.4 CITY-ST-ZIP Atlanta, GA 30326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE S NAME FILUSH, JAMES M STREET ADDRESS 577 MULBERRY ST. CITY-ST-ZIP MACON GA <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME COBERN, JOSEPH M. STREET ADDRESS 3414 PEACHTREE ROAD NE SUITE 1400 CITY-ST-ZIP ATLANTA GA <input type="checkbox"/> DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME MCRAE, GLENN A STREET ADDRESS 577 MULBERRY ST. CITY-ST-ZIP MACON GA <input checked="" type="checkbox"/> DELETE			5.1 TITLE D 5.2 NAME LITTLE, JOSEPH C. 5.3 STREET ADDRESS 3414 Peachtree Rd., NE Suite 1400 5.4 CITY-ST-ZIP Atlanta, GA 30326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE T NAME SANFORD, CHARLOTTE A STREET ADDRESS 3414 PEACHTREE ROAD NE SUITE 1400 CITY-ST-ZIP ATLANTA GA <input type="checkbox"/> DELETE			6.1 TITLE D/T 6.2 NAME SANFORD, CHARLOTTE 6.3 STREET ADDRESS 3414 Peachtree Rd., NE Suite 1400 6.4 CITY-ST-ZIP Atlanta, GA 30326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
James M. Filush

Secretary

Date

1-9-97 (912) 742-1161