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FILED
Jan 27 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 # P25223 (9)

1. Corporation Name

CHARTER HOSPITAL OF ST. LOUIS, INC.

Principal Place of Business

Mailing Address

208 PARK PLACE BLVD
KISSIMMEE FL 32741
US

577 MULBERRY ST.
MACON GA 31208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1989

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ 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 Country

28 Zip Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME JOHNSON, JIM R
STREET ADDRESS 3414 PEACHTREE RD NE SUITE 1400
CITY-ST-ZIP ATLANTA GA

TITLE V ☐ DELETE

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

TITLE S ☒ DELETE

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

TITLE D ☒ DELETE

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

TITLE D ☒ DELETE

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

TITLE DT ☐ DELETE

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

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME Joel C. Ross
1.3 STREET ADDRESS 3414 Peachtree Rd. NE Suite 1400
1.4 CITY-ST-ZIP Atlanta GA 30326

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VP + Asst. Secretary ☐ Change ☒ Addition

3.2 NAME Margie M. Smith
3.3 STREET ADDRESS 577 Mulberry St.
3.4 CITY-ST-ZIP Macon, GA 31298

4.1 TITLE Director ☐ Change ☒ Addition

4.2 NAME J. Kevin Helms
4.3 STREET ADDRESS 3414 Peachtree Rd., NE, Suite 1400
4.4 CITY-ST-ZIP Atlanta GA 30326

5.1 TITLE Director ☐ Change ☒ Addition

5.2 NAME Joel C. Ross
5.3 STREET ADDRESS 3414 Peachtree Rd., NE, Suite 1400
5.4 CITY-ST-ZIP Atlanta, GA 30326

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E034 (10/97)