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Mar 08, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25223

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

Principal Place of Business
**206 PARK PLACE BLVD
KISSIMEE FL 32741
US**

Mailing Address
**577 MULBERRY ST.
MACON GA 31298**

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 6950 Columbia Gateway Dr
Suite, Apt. #, etc.

2a. Mailing Address
26 577 Mulberry St.
Suite, Apt. #, etc.

23 City & State
Columbia, MD
Zip Country
24 21046 25

28 City & State
Macon, GA
Zip Country
29 31202 30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JOEL C. ROSS	
STREET ADDRESS	3414 PEACHTREE RD NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EVERETT, KIM	
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	MARGIE M. SMITH	
STREET ADDRESS	577 MULBERRY ST.	
CITY-ST-ZIP	MACON GA 31298	
TITLE	D	<input type="checkbox"/> DELETE
NAME	J. KEVIN HELMINTOLLER	
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOEL C. ROSS	
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SANFORD, CHARLOTTE A	
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	A Keith Brown	
1.3 STREET ADDRESS	3414 Peachtree Rd NE Ste 1400	
1.4 CITY-ST-ZIP	Atlanta, GA 30326	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Linton C. Newlin	
2.3 STREET ADDRESS	577 Mulberry St.	
2.4 CITY-ST-ZIP	Macon, GA 31202	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	31202	
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	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michelle H. Ancosky	
5.3 STREET ADDRESS	3414 Peachtree Rd NE Ste 1400	
5.4 CITY-ST-ZIP	Atlanta, GA 30326	
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 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, with all other like empowered.

SIGNATURE:

Margie M. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGIE M. SMITH

2/11/99
Date

912-742-1161
Daytime Phone #

CR2E034 (11/98)