

2000 UNIFORM BUSINESS REPORT (UBR)

Pg 192

DOCUMENT # P25223

1. Entity Name

CHARTER HOSPITAL OF ST. LOUIS, INC.

FILED

00 SEP 13 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6950 COLUMBIA GATEWAY DR
COLUMBIA MD 21046
US

Mailing Address

577 MULBERRY ST.
MACON GA 31202

2. Principal Place of Business

3. Mailing Address

1450 Columbia Gateway Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

City & State

City & State

Columbia MD 21046

4. FEI Number

58-1583760

Applied For

Not Applicable

Zip

Country

Zip

Country

Howard

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete

NAME BROWN, D. KEITH
STREET ADDRESS 3414 PEACHTREE RD NE, STE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE V ☐ Delete

NAME NEWLIN, LINTON C
STREET ADDRESS 577 MULBERRY ST
CITY-ST-ZIP MACON GA 31202

TITLE VPAS ☐ Delete

NAME MARGIE M. SMITH
STREET ADDRESS 577 MULBERRY ST.
CITY-ST-ZIP MACON GA 31202

TITLE D ☒ Delete

NAME J. KEVIN HELMINTOLLER
STREET ADDRESS 3414 PEACHTREE RD NE, STE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE S ☒ Delete

NAME ANCOSKY, MICHELLE H
STREET ADDRESS 3414 PEACHTREE RD NE, STE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE DT ☐ Delete

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

TITLE P/D ☐ Change ☐ Addition

NAME Clarissa C. Marques
STREET ADDRESS 6950 Columbia Gateway Dr, # 400
CITY-ST-ZIP Columbia MD 21046

TITLE ☐ Change ☐ Addition

NAME 200003392192--3

TITLE ☐ Change ☐ Addition

NAME

TITLE V/S/D ☐ Change ☐ Addition

NAME Mark S. Demilio
STREET ADDRESS 6950 Columbia Gateway Dr, # 400
CITY-ST-ZIP Columbia MD 21046

TITLE ☐ Change ☐ Addition

NAME

TITLE T/D ☒ Change ☐ Addition

NAME Charlotte A. Sanford
STREET ADDRESS 6666 Powers Ferry Road
CITY-ST-ZIP Atlanta, GA 30339

SP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

9/8/00

410/953-4702

MARK S. DEMILIO, VP & SECRETARY

CR2E034 (5/00)

P8292



ACCOUNT NO. : 072100000032
REFERENCE : 827597 5028257
AUTHORIZATION :
COST LIMIT : \$ 550.00

Patricia Pizito

ORDER DATE : September 12, 2000
ORDER TIME : 9:50 AM
ORDER NO. : 827597-015
CUSTOMER NO: 5028257
CUSTOMER: Ms. Maria Ayub
Magellan Health Services, Inc.
6950 Columbia Gateway Drive
Suite 400
Columbia, MD 21046

ANNUAL REPORT FILING

NAME: CHARTER HOSPITAL OF ST. LOUIS,
INC.

RECEIVED
00 SEP 13 AM 10:44
DEPARTMENT OF STATE
DIVISION OF CORPORATE
AFFAIRS
TALLAHASSEE, FL 32310

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Allison Smith~~ - Ext. 1155

Janna Wilson

EXAMINER'S INITIALS: _____