

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90043 021 \*\*\*150.00

NOTAR AT

**DOCUMENT # P25223**

**1. Entity Name**  
**CHARTER HOSPITAL OF ST. LOUIS, INC.**

**Principal Place of Business**  
 6950 COLUMBIA GATEWAY DR  
 COLUMBIA MD 21046  
 US

**Mailing Address**  
 6950 COLUMBIA GATEWAY DRIVE.. STE 400  
 COLUMBIA MD 21046

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
 58-1583760

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**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** \_\_\_\_\_ (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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARQUES, CLARISSA C 6950 COLUMBIA GATEWAY DR., #400 COLUMBIA MD 21046	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWLIN, LINTON C 125 PLANTATION CENTER DR MACON GA 31221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SMITH, MARGIE M 125 PLANTATION CENTER DR MACON GA 31221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEMILIO, MARK S 6950 COLUMBIA GATEWAY DR., #400 COLUMBIA MD 21046	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANFORD, CHARLOTTE A 666 POWERS FERRY ROAD ATLANTA GA 30339	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mark S. Demilio 6950 Columbia Gateway Dr. Columbia, MD 21046	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Secretary Megan M. Arthur 6950 Columbia Gateway Drive Columbia, MD 21046	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/19/02  
 Date

410-953-1000  
 Daytime Phone #

CR2E034 (9/01)