

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90234 032 \*\*\*150.00

**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

14010000



04132004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

58-1583760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| TITLE          | P                           |
| NAME           | DEMILIO, MARK S             |
| STREET ADDRESS | 6950 COLUMBIA GATEWAY DR.   |
| CITY-ST-ZIP    | COLUMBIA, MD 21046          |
| TITLE          | V                           |
| NAME           | NEWLIN, LINTON C            |
| STREET ADDRESS | 125 PLANTATION CENTER DR    |
| CITY-ST-ZIP    | MACON, GA 31221             |
| TITLE          | VPAS                        |
| NAME           | SMITH, MARGIE M             |
| STREET ADDRESS | 125 PLANTATION CENTER DR    |
| CITY-ST-ZIP    | MACON, GA 31221             |
| TITLE          | VS                          |
| NAME           | ARTHUR, MEGAN M             |
| STREET ADDRESS | 6950 COLUMBIA GATEWAY DRIVE |
| CITY-ST-ZIP    | COLUMBIA, MD 21046          |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 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

Date

Daytime Phone #