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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000062304 (9)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
CHARTER MENTAL HEALTH OPTIONS, INC.

Principal Place of Business	Mailing Address
577 MULBERRY ST. MACON GA 31298	577 MULBERRY ST. P.O. BOX 209 MACON GA 31298

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/07/1993	3a. Date of Last Report: 05/18/1994
4. FEI Number: 58-2100704	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	COBERN, JOSEPH M
STREET ADDRESS	577 MULBERRY ST.
CITY-ST-ZIP	MACON GA
TITLE	D
NAME	MCRAE, GLENN A
STREET ADDRESS	577 MULBERRY ST.
CITY-ST-ZIP	MACON GA
TITLE	P
NAME	O'SHAUGHNESSY, JON C
STREET ADDRESS	577 MULBERRY ST.
CITY-ST-ZIP	MACON GA
TITLE	T
NAME	SANFORD, CHARLOTT A
STREET ADDRESS	577 MULBERRY ST.
CITY-ST-ZIP	MACON GA
TITLE	DV
NAME	MCCAULEY, JOHN C.
STREET ADDRESS	577 MULBERRY ST.
CITY-ST-ZIP	MACON GA
TITLE	S
NAME	FILUSH, JAMES M
STREET ADDRESS	577 MULBERRY ST.
CITY-ST-ZIP	MACON GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Cobern, Joseph M	
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	P	☒ Change ☐ Addition
3.2 NAME	O'Shaughnessy, Jon C	
3.3 STREET ADDRESS	3414 Peachtree Rd, NE, Suite 1400	
3.4 CITY-ST-ZIP	Atlanta, GA 30326	
4.1 TITLE	T	☐ Change ☐ Addition
4.2 NAME	Sanford, Charlott A	
4.3 STREET ADDRESS	3414 Peachtree Rd, NE, Suite 1400	
4.4 CITY-ST-ZIP	Atlanta, GA 30326	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James M. Filush 1-16-95 (912) 742-1161
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Secretary — Date — Daytime Phone #

0003488 CP

ATTACHMENT TO:

1994 CORPORATION ANNUAL REPORT

FOR

CHARTER MENTAL HEALTH OPTIONS, INC.

ADDITIONAL OFFICERS:

Executive Vice President
Terry O. Fields
4404 North Riverside Dr.
Tampa, FL 33603

Vice President
H. Dale Rumph
577 Mulberry Street
Macon, GA 31298

Assistant Secretary
James R. Bedenbaugh
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
Kirk D. McConnell
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
David J. Hansen
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326