

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 02 1996 8:00 am
Secretary of State

DOCUMENT # P94000011996 (3)

1. Corporation Name

CHARTER MEDICAL OF FLORIDA, INC.



Principal Place of Business

577 MULBERRY ST.
MACON GA 31298

Mailing Address

577 MULBERRY ST.
MACON GA 31298

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

03/16/1995

4. FEI Number

58-2100703

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

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 (or both) by the agent and of the if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
O'SHAUGHNESSY, JON C.
STREET ADDRESS
3414 PEACHTREE RD NE, SUITE 1400
CITY, ST, ZIP
ATLANTA GA

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

NAME
FILUSN, JAMES M
STREET ADDRESS
3414 PEACHTREE RD NE, SUITE 1400
CITY, ST, ZIP
ATLANTA GA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

NAME
D
COBERN, JOSEPH M
STREET ADDRESS
3414 PEACHTREE RD NE, SUITE 1400
CITY, ST, ZIP
ATLANTA GA

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

NAME
DTPV
STREET ADDRESS
577 MULBERRY ST.
CITY, ST, ZIP
MACON GA

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

NAME
D
MCRAE, GLENN A.
STREET ADDRESS
577 MULBERRY STREET
CITY, ST, ZIP
MACON GA

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

912-742-1161

Date

Daytime Phone #

CR2E034 (12/95)

1996 CORPORATION ANNUAL REPORT
FOR
CHARTER MEDICAL OF FLORIDA, INC.

ADDITIONAL OFFICERS:

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

Assistant Secretary
Kirk D. McConnell
3414 Peachtree Rd, NE
Suite 1400

Assistant Secretary
Cherie Fuzzell
3414 Peachtree Rd NE
Suite 1400
Atlanta, GA 30326