

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 # **P94000044343 (9)**

1. Corporation Name

TAMPA BAY BEHAVIORAL HEALTH ALLIANCE, INC.



Principal Place of Business

Mailing Address

577 MULBERRY STREET
MACON GA 31298

577 MULBERRY STREET
MACON GA 31298

3. Date Incorporated or Qualified 06/14/1994	3a. Date of Last Report 03/03/1995
4. FEI Number 58-2116632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
	FL

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'SHAUGHNESSY, JON C	1.2 NAME	
STREET ADDRESS	3414 PEACHTREE ROAD, N.E. SUITE 1400	1.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	1.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILUSH, JAMES	2.2 NAME	
STREET ADDRESS	577 MULBERRY STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	MACON GA	2.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, CHARLOTTE A	3.2 NAME	
STREET ADDRESS	3414 PEACHTREE ROAD, N.E. SUITE 1400	3.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBERN, JOSEPH	4.2 NAME	
STREET ADDRESS	3414 PEACHTREE ROAD, N.E. SUITE 1400	4.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	4.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, GLEEN	5.2 NAME	
STREET ADDRESS	577 MULBERRY STREET	5.3 STREET ADDRESS	
CITY- ST- ZIP	MACON GA	5.4 CITY- ST- ZIP	
TITLE	DTVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAULEY, JOHN C	6.2 NAME	
STREET ADDRESS	577 MULBERRY STREET	6.3 STREET ADDRESS	
CITY- ST- ZIP	MACON GA	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information contained 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 recorder 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

Date:

Daytime Phone #

1-19-96 912-742-1161

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

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

Vice President
James F. Button
3414 Peachtree Rd NE
Suite 1400
Atlanta, GA 30326