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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 07 1996 8:00 am  
Secretary of State

DOCUMENT # P94000063624 (8)

1. Corporation Name

CHARTER BEHAVIORAL HEALTH SYSTEM AT MANATEE ADOL  
ESCENT TREATMENT SERVICES, INC.

Principal Place of Business

1324 37TH AVE. EAST  
BRADENTON FL 34208

Mailing Address

577 MULBERRY STREET  
MACON GA 31208

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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 name of registered agent and the applicant

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	OLGHAUGHNESSY, JON C.	3414 PEACHTREE RD NE SUITE 1400	ATLANTA GA	<input type="checkbox"/>
S	FILUSH, JAMES M.	577 MULBERRY STREET	MACON GA	<input type="checkbox"/>
T	SANFORD, CHARLOTTE A.	3414 PEACHTREE RD NE SUITE 1400	ATLANTA GA	<input type="checkbox"/>
D	COBERN, JOSEPH M.	3414 PEACHTREE ROAD NE, SUITE 1400	ATLANTA GA	<input type="checkbox"/>
DVP	MCCAULEY, JOHN C.	577 MULBERRY ST	MACON GA	<input type="checkbox"/>
D	MCRAE, GLENN A.	577 MULBERRY STREET	MACON GA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
P	Jim Johnson	3414 Peachtree Rd NE Suite 1400	Atlanta, GA 30326	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME				<input type="checkbox"/>	<input type="checkbox"/>
13 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
14 CITY - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>
2. TITLE				<input type="checkbox"/>	<input type="checkbox"/>
22 NAME				<input type="checkbox"/>	<input type="checkbox"/>
23 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
24 CITY - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>
3. TITLE				<input type="checkbox"/>	<input type="checkbox"/>
32 NAME				<input type="checkbox"/>	<input type="checkbox"/>
33 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
34 CITY - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>
4. TITLE				<input type="checkbox"/>	<input type="checkbox"/>
42 NAME				<input type="checkbox"/>	<input type="checkbox"/>
43 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
44 CITY - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>
5. TITLE				<input type="checkbox"/>	<input type="checkbox"/>
52 NAME				<input type="checkbox"/>	<input type="checkbox"/>
53 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
54 CITY - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>
6. TITLE				<input type="checkbox"/>	<input type="checkbox"/>
62 NAME				<input type="checkbox"/>	<input type="checkbox"/>
63 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
64 CITY - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>

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

1-19-96 912-742-4161

CR2E034 (12/95)

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1996 CORPORATION ANNUAL REPORT  
FOR  
CHARTER BEHAVIORAL HEALTH SYSTEM AT  
MANATEE ADOLESCENT TREATMENT SERVICES, INC..

ADDITIONAL OFFICERS:

Executive VP  
Ray Heckerman  
4480 51st Street West  
Bradenton, FL 34210

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