

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90026 007 ***150.00

DOCUMENT # P94000063624

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 31298

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1994

4. FEI Number

65-0519663

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6950 Columbia Gateway Dr

Suite, Apt. #, etc.

22

City & State
23 Columbia, MD

Zip Country

24 21046 25

2a. Mailing Address

26 577 Mulberry St

Suite, Apt. #, etc.

27

City & State
28 Macon, GA

Zip Country

29 31202 30

9. Name and Address of Current Registered Agent

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

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME JOEL C. ROSS
STREET ADDRESS 3414 PEACHTREE RD NE SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE VPAS ☐ DELETE

NAME MARGIE M. SMITH
STREET ADDRESS 577 MULBERRY STREET
CITY-ST-ZIP MACON GA 31298

TITLE DT ☐ DELETE

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

TITLE D ☐ DELETE

NAME J. KEVIN HELMINTOLLER
STREET ADDRESS 3414 PEACHTREE ROAD NE, SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE V ☒ DELETE

NAME EVERETT, KIM
STREET ADDRESS 3414 PEACHTREE RD NE STE 1400
CITY-ST-ZIP ATLANTA GA

TITLE D ☒ DELETE

NAME JOEL C. ROSS
STREET ADDRESS 3414 PEACHTREE RD NE STE 1400
CITY-ST-ZIP ATLANTA GA 30326

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Pres
1.3 STREET ADDRESS D. Keith Brown
3414 Peachtree Rd NE Ste 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 31202

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME VP
5.3 STREET ADDRESS Linton C. Newlin
577 Mulberry St.
5.4 CITY-ST-ZIP Macon, GA 31202

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME Sec.
6.3 STREET ADDRESS Michelle H. Amasky
3414 Peachtree Rd NE Ste 1400
6.4 CITY-ST-ZIP Atlanta, GA 30326

14. 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 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, with all other like empowered.

SIGNATURE:

Margie M. Smith MARGIE M. SMITH

2/11/99

912-742-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)