

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000004280 (3)

1. Corporation Name

MARINER HEALTH CARE OF PORT ORANGE, INC.



Principal Place of Business

47 WATER STREET  
MYSTIC CT 06355

Mailing Address

475 BRIDGE ST  
GROTON CT 06340  
US

3. Date Incorporated or Qualified  
08/17/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 125 Eugene O'Neill Dr  
Suite, Apt. #, etc

2a. Mailing Address

26 125 Eugene O'Neill Dr  
Suite, Apt. #, etc

4. FEI Number  
59-3260682

Applied For  
Not Applicable

22 City & State

23 New London, CT

27 City & State

28 New London, CT

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 06320

25

29 06320

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

Signature, typed or printed name of registered agent, and date of signature.

Signature, typed or printed name of registered agent, and date of signature.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	STRATTON JR, ARTHUR W	47 WATER STREET MYSTIC CT		
V	GALAGHER, JENNIFER B	47 WATER STREET MYSTIC CT		
SO	STRATTON, NANCY L	47 WATER STREET MYSTIC CT		
T	KINELL, JEFFREY W	47 WATER STREET GROTON CT		
AS	BURNETT, MARK H	53 STATE STREET 17TH FL BOSTON MA		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		125 Eugene O'Neill Dr.	New London, CT 06320	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		125 Eugene O'Neill Dr.	New London, CT 06320	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		125 Eugene O'Neill Drive	New London, CT 06320	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		125 Eugene O'Neill Dr.	New London, CT 06320	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*J Kinell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY W. KINELL

4/15/96

860-701-2000

Date

Daytime Phone #

CR2E034 (12/95)