2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 MAY 30 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004280

1. Entity Name
MARINER HEALTH CARE OF PORT ORANGE, INC.

Principal Place of Business	Mailing Address
ONE RAVINIA DR SUITE 1500 ATLANTA, GA 30346 US	ONE RAVINIA DR SUITE 1500 ATLANTA, GA 30346 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Suite 1250	Suite, Apt. #, etc. Suite 1250
City & State	City & State
Zip / Country	Zip / Country

01092006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3260682 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	PSD ☑ Change ☐ Addition
NAME	GRUNSTEIN, HARRY M	NAME	
STREET ADDRESS	920 RIDGEBROOK RD	STREET ADDRESS	One Ravinia Dr, Ste. 1250
CITY-ST-ZIP	SPARKS GLENCOE, MD 21152	CITY-ST-ZIP	Atlanta, GA 30346
TITLE	VT ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	GENTRY, BOYD P	NAME	
STREET ADDRESS	ONE RAVINIA DR STE 1500	STREET ADDRESS	One Ravinia Dr, Ste. 1250
CITY-ST-ZIP	ATLANTA, GA 30346	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	500075203746
CITY-ST-ZIP		CITY-ST-ZIP	06/14/06--01036--008 **13000.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DC 617
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/30/06 678-443-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #