NOT-FOR-PROFITCORPORATION UNIFORMBUSINESSREPORT(UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State
06-25-2002 90452 005 ****61.25

DOCUMENT# 747197

NC RLD 3/28/02

1. EntityName
Mariners Hospital, Inc.

DO NOT WRITE IN THIS SPACE

B0125746

2. PrincipalPlaceofBusiness	3. MailingAddress
91500 Overseas Hwy.	91500 Overseas Hwy.
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State: Tavernier, FL	City&State: Tavernier, FL
Zip: 33070 Country: USA	Zip: 33070 Country: USA

DONOTWRITEINTHISSPACE

4. FEINumber 59-1987355 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

DO NOT WRITE IN THIS SPACE

7. **NameandAddressofCurrentRegisteredAgent**

Name: Robert H. Luse

StreetAddress(P.O.BoxNumberisNotAcceptable): 91500 Overseas Hwy.

City: Tavernier FL ZipCode: 33070

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,inthestateofFlorida.

SIGNATURE _____ DATE
Signature,typeorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

FEE IS $61.25
Initial or Amended UBR

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

Make Check Payable to Department of State

10. OFFICERSANDDIRECTORS

TITLE CD NAME Jay Hershoff STREETADDRESS 91500 Overseas Hwy. CITY-ST-ZIP Tavernier, FL 33070	TITLE NAME STREETADDRESS CITY-ST-ZIP
TITLE VD NAME David Johnson STREETADDRESS 91500 Overseas Hwy. CITY-ST-ZIP Tavernier, FL 33070	TITLE NAME STREETADDRESS CITY-ST-ZIP
TITLE SD NAME Charlen Regan STREETADDRESS 91500 Overseas Hwy. CITY-ST-ZIP Tavernier, FL 33070	TITLE NAME STREETADDRESS CITY-ST-ZIP
TITLE TD NAME Blakely Bush STREETADDRESS 91500 Overseas Hwy. CITY-ST-ZIP Tavernier, FL 33070	TITLE NAME STREETADDRESS CITY-ST-ZIP
TITLE D NAME Chris Schrader STREETADDRESS 91500 Overseas Hwy. CITY-ST-ZIP Tavernier, FL 33070	TITLE NAME STREETADDRESS CITY-ST-ZIP
TITLE D NAME Gerald Hirsch STREETADDRESS 91500 Overseas Hwy. CITY-ST-ZIP Tavernier, FL 33070	TITLE NAME STREETADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. Ihereby 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 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert H Luse 5/24/02 305 853-1582
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#

Attachment
D#747197
B0125746

TITLE NAME STREETADDRESS CITY-ST-ZIP	D I.E. Schilling 91500 Overseas Hwy. Tavernier, FL 33070	TITLE NAME STREETADDRESS CITY-ST-ZIP	Att
TITLE NAME STREETADDRESS CITY-ST-ZIP	D Paul S. Ellison, Jr. MD 91500 Overseas Hwy. Tavernier, FL 33070	TITLE NAME STREETADDRESS CITY-ST-ZIP	
TITLE NAME STREETADDRESS CITY-ST-ZIP	D Louise Orzel 91500 Overseas Hwy. Tavernier, FL 33070	TITLE NAME STREETADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREETADDRESS CITY-ST-ZIP	Attachment	TITLE NAME STREETADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREETADDRESS CITY-ST-ZIP	Document # 747197	TITLE NAME STREETADDRESS CITY-ST-ZIP	
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SIGNATURE: [signature] 8/24/02 305 853-1582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #