

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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DOCUMENT # 747197

1. Entity Name  
MARINERS HOSPITAL, INC.



04 MAR -3 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
91500 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070 US

Mailing Address  
91500 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070 US



01222004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1987355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERT-H. LUSE  
91500 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HERSHOFF, JAY 91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRADER, CHRIS 91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REGAN, CHARLEN 91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUSH, BLAKELY 91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, DAVID 91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

700029936277  
03/05/04--01011--013 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/04 305-434-1582

305-852-8440

TAY HERSHOFF MARINER AS TO AWARD