

F01000004553

November 26, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Mariner Health Central, Inc.

Dear Sir or Madam:

Enclosed please find the following documents to qualify Mariner Health Central, Inc.:

1. Transmittal Letter;
2. Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. Certificate of Existence of Mariner Health Central, Inc. from the Delaware Secretary of State;
4. Check in the amount of \$70.00 in payment of the filing fee.

Thank you for your assistance.

Sincerely,

*Wynn G. Sims*

Wynn G. Sims  
Assistant Secretary

Mr. Sims is also signing to  
verify  
information on  
application.

/wgs  
Enclosures

BK

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-11/28/01--01037--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

RECEIVED  
01 NOV 28 AM 11:42  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314  
FILED  
01 NOV 28 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mariner Health Central, Inc.  
(Name of corporation - must include suffix)

01 NOV 28 PM 4:19  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Wynn G. Sims

(Name of Person)

Mariner Post-Acute Network, Inc.

(Firm/Company)

One Ravinia Dr. Suite 1500

(Address)

Atlanta, GA 30346

(City/State and Zip code)

For further information concerning this matter, please call:

Wynn G. Sims

(Name of Person)

at ( 678 ) 443-6775

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

01 NOV 28 PM 4:19  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Mariner Health Central, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 06-1476203

(FEI number, if applicable)

4. 2-28-97

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. October 1, 2001

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. One Ravinia Dr., Suite 1500

Atlanta, GA 30346

(Current mailing address)

8. Employee services corporation for long-term healthcare facilities.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Allan Farnell, Assistant Vice

President

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS** (Street address only - P.O. Box NOT acceptable)

Chairman: None

Address: \_\_\_\_\_

Vice Chairman: None

Address: \_\_\_\_\_

Director: David R. Wilson

Address: One Ravinia Dr., Suite 1500

Atlanta, GA 30346

Director: Danette Manzi

Address: One Ravinia Dr., Suite 1500

Atlanta, GA 30346

**B. OFFICERS** (Street address only - P.O. Box NOT acceptable)

President: David R. Wilson

Address: One Ravinia Dr., Suite 1500

Atlanta, GA 30346

Vice President: Stefano M. Miele

Address: One Ravinia Dr., Suite 1500

Atlanta, GA 30346

Secretary: Stefano M. Miele

Address: One Ravinia Dr., Suite 1500

Atlanta, GA 30346

Treasurer: Boyd P. Gentry

Address: One Ravinia Dr., Suite 1500

Atlanta, GA 30346

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. (See Attached)

13. (see cover sheet)

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

## **Additional Officers Report**

### **Mariner Health Central, Inc.**

#### **OFFICERS**

**Danette Manzi**

**Vice President and Assistant Treasurer**

**Stefano M. Miele**

**Vice President and Secretary**

**John Notermann**

**Vice President**

**Wynn G. Sims**

**Assistant Secretary**

**Darrell Zurovec**

**Vice President and Assistant Secretary**

**All having an address of:**

One Ravinia Drive  
Suite 1500  
Atlanta, GA 30346

**FILED**  
**01 NOV 28 PM 4:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

State of Delaware  
Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARINER HEALTH CENTRAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF NOVEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED  
NOV 28 PM 4:19  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

2723572 8300

AUTHENTICATION: 1435455

DATE: 11-08-01