2002 UNIFORM BUSINESS REPORT (UBR)

. changed, or on an attachment with an address, with all other like empowered.

Mar 05, 2002 8:00 am Secretary of State F01000004553 DOCUMENT # 1. Entity Name 03-05-2002 90100 043 ***150.00 MARINER HEALTH CENTRAL, INC. Mailing Address Principal Place of Business ONE RAVINIA DRIVE. SUITE 1500 ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346 ATLANTA GA 30346 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 06-1476203 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DIRECTOR ☐ Change X Addition TITLE X Delete TITLE TODD ANDREWS WILSON, DAVID R NAME NAME DNE RAVINIADR., SUITE 1500 ONE RAVINIA DRIVE, SUITE 1500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30346 ATLANTA, GA 30346 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME MIELE. STEFANO M STREET ADDRESS STREET ADDRESS ONE RAVINIA DRIVE. SUITE 1500 CITY-ST-ZIP ATLANTA GA 30346 CITY-ST-ZIP ☐ Addition Change Ch TITLE TITLE **VS** ☐ Delete NAME NAME MIELE, STEFANO M STREET ADDRESS STREET ADDRESS ONE RAVINIA DRIVE, SUITE 1500 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30346 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME GENTRY, BOYD P STREET ADDRESS STREET ADDRESS ONE RAVINIA DRIVE, SUITE 1500 CITY-ST-7IP CITY-ST-ZIP ATLANTA GA 30346 DIRECTOR X Change ☐ Addition **X** Delete TITLE TITLE DANETTE MAN21 NAME MANZI, DANETTE NAME ONE RAVINIA DR., SUITE 1500 STREET ADDRESS STREET ADDRESS ONE RAVINIA DRIVE, SUITE 1500 CITY-ST-ZIP CITY-ST-7IP ATLANTA, GA 30346 ATLANTA GA 30346 Change ☐ Addition ☐ Delete TITLE TITLE NAME SIMS, WYNN G NAME STREET ADDRESS ONE RAVINIA DRIVE, SUITE 1500 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30346 CITY-ST-7IP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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