


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90057 045 ***150.00

DOCUMENT # F01000004553 1. Entity Name MARINER HEALTH CENTRAL, INC.					
Principal Place of Business ONE RAVINIA DRIVE, SUITE 1500 ATLANTA, GA 30346			Mailing Address ONE RAVINIA DRIVE, SUITE 1500 ATLANTA, GA 30346		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 06-1476203	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
\$8.75 Additional Fee Required				01062004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS ZUROVEC, DARRELL ONE RAVINIA DR STE 1500 ATLANTA, GA 30346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MIELE, STEFANO M ONE RAVINIA DRIVE, SUITE 1500 ATLANTA, GA 30346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD GENTRY, BOYD P ONE RAVINIA DRIVE, SUITE 1500 ATLANTA, GA 30346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SIMS, WYNN G ONE RAVINIA DRIVE, SUITE 1500 ATLANTA, GA 30346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u>Wynn G. Sims</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Wynn G. Sims Date: <u>1/21/04</u> Daytime Phone #: <u>678-443-7000</u>		

Attachment

F01000004553
44004358

Directors, Officers Report

Mariner Health Central, Inc.

Friday, January 09, 2004

DIRECTORS

Boyd P. Gentry	Director
Home Address:	48 Northwood Avenue Atlanta, GA 30309
Stefano M. Miele	Director
Home Address:	325 Hunting View Court Atlanta, GA 30328

OFFICERS

Boyd P. Gentry	President and Treasurer
Home Address:	48 Northwood Avenue Atlanta, GA 30309
Stefano M. Miele	Secretary
Home Address:	325 Hunting View Court Atlanta, GA 30328
William C. Straub	Vice President and Assistant Treasurer
Home Address:	24523 Bay Hill Blvd. Katy, TX 77494 USA
Darrell D. Zurovec	Vice President and Assistant Secretary
Home Address:	1900 Mistywood Drive Austin, TX 78746
Wynn G. Sims	Assistant Secretary
Home Address:	629 Carriage Drive Atlanta, GA 30328 USA