F0200000003136

Division of C							
SUBJECT: Ma	riner Health	Care M	anagement	Compa	eny		
	(Name o	f corporation	on - must include	suffix)	J		
Dear Sir or Madam:							
The enclosed "Applica" "Certificate of Existen to transact business in	or and oncor are sur	oration for bomitted to r	Authorization to egister the above	Transact E	Business in Florida", d foreign corporation	1	
Please return all corres							
Wynn Sims							
<i>y</i>		(Name of	Person)	<u> </u>	w-	'	
mariner He	alth lare, Inc	•					
		(Firm/Con	npany)			- ' :	
One Ravinia	Dr. Suite	1500	_		_		
Atlanta, G	Dr., Suite A 30346	(Addre	ess) esfi i kno)(YESO) wn): _{***}	5729248 10/0201080 **70.00 ******	—— 6 008 70.00	-
,	(0	City/State ar	nd Zip code,				
For further information	concerning this matte	er, please ca	ill:		HOZ-1111	Ō	
Wynn Sims (Name of Perso	at ((678 (Area Co) 443 - 67 ode & Daytime T	75 elephone	Number)		
0	100-0054	7-00	le-11	•			
Registration Section Division of Corporation		-	Registration Sect	ion	in 2 in 2 in 2 in 2 in 2		
409 E. Gaines St. Tallahassee, FL 32399	-	•	Division of Corp P.O. Box 6327 Tallahassee, FL		7(47)41 114141	**************************************	_
Enclosed is a check for	he following amount:				Dari	100	ノ
\$70.00 Filing Fee	☐ \$78.75 Filing Fee Certificate of Sta		578.75 Filing Fee Certified Copy	·& 🗇	\$87.50 Filing Fee, Certified Copy	s &	



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 12, 2002

WYNN SIMS MARINER HEALTH CARE, INC. ONE RAVINIA DR., STE. 1500 ATLANTA, GA 30346

SUBJECT: MARINER HEALTH CARE MANAGEMENT COMPANY

Ref. Number: W02000017110

We have received your document for MARINER HEALTH CARE MANAGEMENT COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following:

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumblev Document Specialist

Letter Number: 502A00038513

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.

(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. Delawace (State or country under the law of which it is incorporated) 4. Q-29-94 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") 6. Upon qualification (Date first transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. Dre Ravinia Dr. Suite 1500 Atlanta GA 30346 (Principal office address) Dre Ravinia Dr. Suite 1500 Atlanta GA 30346 (Current mailing address) 8. Management Campany (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: CT Carporation System Office Address: 1200 South Pinc Island Rd. Plantation Plantation (City) 10. Registered agent's acceptance:	1. Mariner Health Care Management Company	
2. Delawace (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) 4. 9-29-94 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. Upon audification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. Dre Ravinia Dr. Suite 1500 Atlanta, GA 30346 (Principal office address) Dre Ravinia Dr. Suite 1500 Atlanta, GA 30346 (Current mailing address) 8. Management Company (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: CT Corporation System Office Address: 1200 South Pine Island Rd. Plantation (City) (City) (City) 10. Registered agent's acceptance:	(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 in the different of the company of the comp	3 5-
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Principal office address) One Ravinia Dr., Suite 1500, Atlanta, GA 30346 (Current mailing address) 8. Management Empany (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: CT Corporation System Office Address: 1200 South Pine Island Rd. Plantation (City), Florida 33324 (Zip code)	(ODE SECTIONS 007.1301, 007.1302 and 817.135, F.S.)	-
Office Address: Dr. Suite 1500 Atlanta GA 30346	7. Due Ravinia Dr., Suite 1500, Atlanta, GA 30346 (Principal office address)	<u> 5</u>
8. Management Company (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: CT Corporation System Office Address: 1200 South Pinc Island Rd. Plantation (City), Florida 33324 (Zip code)	One Ravinia Dr., Suite 1500 Atlanta, GA 30346 (Current mailing address)	. ·
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pinc Island Rd. Plantation , Florida 33324 (City) (Zip code)		
Name: CT Corporation System Office Address: 1200 South Pine Island Rd. Plantation (City), Florida 33324 (Zip code)		
Office Address: 1200 South Pine Island Rd. Plantation , Florida 33324 (City) (Zip code)	Name: CT Corporation System	<u>=</u>
(City) (Zip code)	" The $\mathbf{p}_{i,N}$ \rightarrow :	
10. Registered agent's acceptance:	Plantation , Florida 33324	
Uraniyara karan mana ali ana ana ana ana ana ana ana ana ana an	and the state of t	

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.

> DALE W. MORRIS **ASSISTANT VICE PRESIDENT** (Registered agent's signature)

- <u>I</u>

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 business addresses of officers and/or directors:

A! DIRECTORS					
Chairman: See attached.	<u></u>			à	
Address:					 .
	· · · · · · · · · · · · · · · · · · ·				
Vice Chairman:					
Address:					
					:
Director:					
Address:					
Director:					
Address:					
-	<u> </u>		-		
B. OFFICERS					
President: <u>See attached</u> .					
Address:	-		·		
				33.5 83.5 83.5 83.5 83.5 83.5 83.5 83.5	
Vice President:					
Address:			<u> </u>		:
					<u> </u>
ecretary:				. 32	<u>.</u>
Address:					_ \$
reasurer:					
address:				<u> </u>	گهه د <u>م</u> دپستان
					- :
NOTE: If necessary, you may attach an addendum to the a	pplication listing addi	tional offic	cers and/or dire	ectors.	•
3. Wym A. Sim Asst. Sect. (Signature of Chairman, Vice Chairman, or	tary	- 1			
4 Wyon G Sins Assist of Co.	any officer listed in m	umber 12	of the applicati	.on)	
4. Wyn G. Sims, Assistant Sec (Typed or printed name and capacit	y of person signing an	nlication			

Directors, Officers Report

Mariner Health Care Management Company

Wednesday, May 22, 2002

DIRECTORS

Boyd P. Gentry Director

Stefano M. Miele Director

OFFICERS

Sandy Klein

Boyd P. Gentry President and Treasurer

Susan Thomas Whittle Executive Vice President

Stefano M. Miele Senior Vice President, General Counsel and Secretary

David F. Polakoff, M.D. Senior Vice President, Medical Affairs and Chief Medical Officer

Darrell Zurovec Vice President and Assistant Secretary

Jennifer Kulla Senior Vice President, Clinical Services

John Notermann Senior Vice President, Corporate Development

Terry O'Malley Senior Vice President, Human Resources

J. Brent Snelgrove Senior Vice President - Internal Audit

William C. Straub Senior Vice President, Controller and Chief Accounting Officer

President, Texas Region

Todd Andrews President, West Region

Denny Barnett President, Northeast Region

William Cook President, LTAC Division

Darrel Hager President, Florida Region

William J. Marshall President, Gulf Coast Region

Harry Paul Schrank, II President, MidAtlantic Region

Butch Shelton President, MidAmerica Region

Dale Zaletel President, Rocky Mountain Region

Thomas J. Benes Vice President, Materials Management

Brian Grazzini Vice President, Operations Finance

Scott Harris Vice President, Employee Benefits

Kymberlee Keefe Vice President, Risk Management

02 JUN 02 WITH 15

Mariner Health Care Management Company

Gary Reicherzer

Vice President, Reimbursement Reporting and Compliance

Wynn G. Sims

Assistant Secretary

All having a business address of:

One Ravinia Drive Suite 1500 Atlanta, GA 30346

02.UP 20 AM II: US

APPIO

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MARINER HEALTH CARE MANAGEMENT
COMPANY" 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
TWENTY-THIRD DAY OF MAY, A.D. 2002.

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.

02 JUN 20 AM II: 45
SECTOR ARY OF STATE
SELL ARASSEE, FLORIDA

Darriet Smith Windson Sources of Source

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2439133 8300

AUTHENTICATION: 1792412

020328853 DATE: 05-23-02

F0200000003136

	on Section of Corporations
SUBJECT:^	Mariner Health Care Management Company (Name of corporation - must include suffix)
	(Name of corporation - must include suffix)
Dear Sir or Madan	
The enclosed "App "Certificate of Exi- to transact busines	plication by Foreign Corporation for Authorization to Transact Business in Florida", stence", and check are submitted to register the above referenced foreign corporation s in Florida.
Please return all co	orrespondence concerning this matter to the following:
Wynn Sin	ns
J	(Name of Person)
Mariner	Health Care Inc.
	Health Care, Inc. (Firm/Company)
One Ravi	nia Dr. Suite Ison
Atlanta,	(Address) (Address)
,	(City/State and Zip code,
For further information	tion concerning this matter, please call:
Wynn Sins (Name of F	Person) at (678) 443 - 6775 (Area Code & Daytime Telephone Number)
	NIND-NDS-17-000-11
STREET ADDRES Registration Section	MANUAL ADDRESS:
Division of Corpora	
409 E. Gaines St. Γallahassee, FL 323	P.O. Box 6327
Enclosed is a check	for the following amount:
\$70.00 Filing Fee	S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 12, 2002

WYNN SIMS MARINER HEALTH CARE, INC. ONE RAVINIA DR., STE. 1500 ATLANTA, GA 30346

SUBJECT: MARINER HEALTH CARE MANAGEMENT COMPANY

Ref. Number: W02000017110

We have received your document for MARINER HEALTH CARE MANAGEMENT COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following:

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 502A00038513

OZ JEN 20 MAILES

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2. <u>Delaware</u> 3. 74-1809336	
	* ,
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6. Upon qualification	
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. Dne Ravinia Dr., Suite 1500, Atlanta, GA 30346 (Principal office address)	
(Principal office address)	
Dre Ravinia Dr. Suite 1500 Atlanta GA 30211	-
One Ravinia Dr., Suite 1500 Atlanta, GA 30346 (Current mailing address)	٠. ٠
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Name: CT Corporation System	سنز_
Office Address: 1200 South Pinc Island Rd.	
Plantation, Florida 33324 (City) (Zip code)	
0. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the service of proc	

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.

DALE W. MORRIS

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 business addresses of officers and/or directors: A. DIRECTORS Chairman: See attached. Vice Chairman: __ Address: _ Director: Address: _ Director: Address: _ B. OFFICERS President: See attached. Vice President: Secretary: _ Address: ___ and the second s Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Wyn G. Sims, Assistant Secretary
(Typed or printed name and capacity of person signing application)

Directors, Officers Report

Mariner Health Care Management Company

Wednesday, May 22, 2002

DIRECTORS

Boyd P. Gentry

Director

Stefano M. Miele

Director

OFFICERS

Boyd P. Gentry

President and Treasurer

Susan Thomas Whittle

Executive Vice President

Stefano M. Miele

Senior Vice President, General Counsel and Secretary

David F. Polakoff, M.D.

Senior Vice President, Medical Affairs and Chief Medical Officer

Darrell Zurovec

Vice President and Assistant Secretary

Jennifer Kulla

Senior Vice President, Clinical Services

John Notermann

Senior Vice President, Corporate Development

Terry O'Malley

Senior Vice President, Human Resources

J. Brent Snelgrove

Senior Vice President - Internal Audit

William C. Straub

Senior Vice President, Controller and Chief Accounting Officer

Todd Andrews

President, West Region

Denny Barnett

President, Northeast Region

William Cook

President, LTAC Division

Darrel Hager

President, Florida Region

Sandy Klein

President, Texas Region

William J. Marshall

President, Gulf Coast Region

Harry Paul Schrank, II

President, MidAtlantic Region

Butch Shelton

President, MidAmerica Region

Dale Zaletel

President, Rocky Mountain Region

Thomas J. Benes

Vice President, Materials Management

Brian Grazzini

Vice President, Operations Finance

D11411

Vice President, Employee Benefits

Scott Harris

Vice President, Risk Management

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Kymberlee Keefe

Mariner Health Çare Management Company

Gary Reicherzer

Wynn G. Sims

Vice President, Reimbursement Reporting and Compliance

Assistant Secretary

All having a business address of:

One Ravinia Drive Suite 1500 Atlanta, GA 30346

OZ JUP ZO AMII: US

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Delaware

PAGE 1

The First State

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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.

02.UP20 AMU: 45
SECKLEARY OF DIATE
RALLARASSEE, FLORIDA



Warriet Smith Windson, Secretary of State

2439133 8300

AUTHENTICATION: 1792412

DATE: 05-23-02

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