FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED
95 MAY -1 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002843 (0)

1. Corporate Name
MARINER HEALTH CARE OF LAKE WORTH, INC.

Principal Place of Business	Mailing Address
47 WATER ST MYSTIC CT 06355	47 WATER ST MYSTIC CT 06355

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report:
4. FEI Number: ~~APPLIED FOR~~ 59-3250672 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 199.032 Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26 475 BRIDGE STREET
22	27
23	28 GROTON, CT
24 / 25	29 06340 / 30 U.S.A.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 617.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
DP	STRATTON, ARTHUR W JR. MD	47 WATER ST.	MYSTIC CT 06355
AS	BURNETT, MARK H	53 STATE ST., 17TH FLOOR	BOSTON MA 02109
DS	STRATTON, NANCY L	47 WATER ST.	MYSTIC CT 06355
T	KINELL, JEFFREY W	47 WATER ST.	MYSTIC CT 06355

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[X] Change — T
KINELL JEFFREY W.
475 BRIDGE STREET
GROTON, CT 06340

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JEFFREY W. KINELL SR VP, TREASURER & CFO 203-445-4000
4/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0483021 FN