

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002843 (0)

1. Corporation Name

MARINER HEALTH CARE OF LAKE WORTH, INC.



Principal Place of Business

47 WATER ST.
MYSTIC CT 06355

Mailing Address

475 BRIDGE ST
GROTON CT 06340
US

3. Date Incorporated or Qualified
05/31/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 125 Eugene O'Neill Dr
Suite, Apt. #, etc.

22 City & State

23 New London CT

24 06320 25 Country

2a. Mailing Address

26 125 Eugene O'Neill Dr
Suite, Apt. #, etc.

27 City & State

28 New London CT

29 06320 30 Country

4. FEI Number
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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 607.1508, 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 corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or director of corporation

(Date) Registered Agent Signature required when not stating

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME STRATTON, ARTHUR W JR. MD
STREET ADDRESS 47 WATER ST.
CITY-STATE-ZIP MYSTIC CT 06355 ☐ DELETE

TITLE AS
NAME BURNETT, MARK H
STREET ADDRESS 53 STATE ST., 17TH FLOOR
CITY-STATE-ZIP BOSTON MA 02109 ☐ DELETE

TITLE DS
NAME STRATTON, NANCY L
STREET ADDRESS 47 WATER ST.
CITY-STATE-ZIP MYSTIC CT 06355 ☐ DELETE

TITLE T
NAME KINELL, JEFFREY W
STREET ADDRESS 475 BRIDGE ST
CITY-STATE-ZIP GROTON CT ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 125 Eugene O'Neill Dr
1.4 CITY-STATE-ZIP New London, CT 06320

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 125 Eugene O'Neill Dr.
2.4 CITY-STATE-ZIP New London, CT 06320

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 125 Eugene O'Neill Dr
3.4 CITY-STATE-ZIP New London, CT 06320

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 125 Eugene O'Neill Dr
4.4 CITY-STATE-ZIP New London, CT 06320

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY W. KINELL

4/15/96

860-701-2000

CR2E034 (12/95)