

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000002843 (0)

1. Corporation Name

MARINER HEALTH CARE OF LAKE WORTH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 125 EUGENE O'NEILL DR NEW LONDON CT 06320 US		Mailing Address 125 EUGENE O'NEILL DR NEW LONDON CT 06320 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 05/31/1994		4. FEI Number 59-3250672	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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 and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATTON, ARTHUR W JR. MD	1.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR	1.3 STREET ADDRESS	1881 Worcester Rd.
CITY-ST-ZIP	NEW LONDON CT	1.4 CITY-ST-ZIP	Frammingham, MA 01701
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, MARK H	2.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATTON, NANCY L	3.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSEN, DAVID N	4.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR	4.3 STREET ADDRESS	1881 Worcester Rd.
CITY-ST-ZIP	NEW LONDON CT	4.4 CITY-ST-ZIP	Frammingham, MA 01701
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gilligan, Alison K.
STREET ADDRESS		5.3 STREET ADDRESS	125 Eugene O'Neill Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	New London, CT 06320
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)