

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002843

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

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 One RAVINIA Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 One RAVINIA Drive
Suite, Apt. #, etc.

22 Suite 1500

City & State

23 Atlanta, GA

Zip Country

24 30346 25 USA

27 Suite 1500

City & State

28 Atlanta, GA

Zip Country

29 30346 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATTON, ARTHUR W JR. MD		1.2 NAME	
STREET ADDRESS	1881 WORCESTER RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	FRAMINGHAM MA 01701		1.4 CITY-ST-ZIP	
TITLE	AS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	ASD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNETT, MARK H		2.2 NAME	Whittle, Susan Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	125 EUGENE O'NEILL DR		2.3 STREET ADDRESS	One RAVINIA Drive
CITY-ST-ZIP	NEW LONDON CT		2.4 CITY-ST-ZIP	Atlanta, GA 30346
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLIGAN, ALISON K.		3.2 NAME	Miele, Stefano M.
STREET ADDRESS	125 EUGENE O'NEILL DR		3.3 STREET ADDRESS	One RAVINIA Drive
CITY-ST-ZIP	NEW LONDON CT 06320		3.4 CITY-ST-ZIP	Atlanta, GA 30346
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSEN, DAVID N		4.2 NAME	Gentry, Boyd P.
STREET ADDRESS	1881 WORCESTER RD		4.3 STREET ADDRESS	One RAVINIA Drive
CITY-ST-ZIP	FRAMINGHAM MA 01701		4.4 CITY-ST-ZIP	Atlanta, GA 30346
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	MORGAN, George
STREET ADDRESS			5.3 STREET ADDRESS	One RAVINIA Drive
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Atlanta, GA 30346
TITLE		<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 678-443-7000
Daytime Phone #