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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

F94000004279 (5)

MARINER HEALTH CARE OF ORANGE CITY, INC.



A7 WATER							
MYSTIC CT	STREET r 06355	475 BRIDGE ST GROTON CT 06340 US)				
					3. Date Incorporated or Qualified 08/17/1994	3a. Date of L 05/	ast Report 01/1995
2. Principa' Pla-		2a. Maling Address			4. FEI Number		Applied For
		26 125 EUGENE D'NEILLD		59-3260680		Not Applicabl	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing		5.00 May Be
	LONDON CT Country	28 NGW LOA	J DON Country	<u>u </u>	Trust Fund Contribution 8. This corporation has liability for		Added to Fees
^{Ζιρ} 4 Ο	├ ─¬ ′	29 06 320	30		Florida Statutes 💢 Yes	. □No	
	9. Name and Address of Curren			T	10. Name and Address of New R	Registered Ager	nt
O T O	ODDODATION SYSTEM		81	Name			
	ORPORATION SYSTEM SOUTH PINE ISLAND ROAD		82	82 Street Address (P.O. Box Number is Not Acceptable)			
	HASSEE FL 33324		В3			······································	
			84	City		F1 8	Zip Code
11 Durement to	the provisions of Sections 602 0602	2 and 607 1508 Hazida Statu	tas, the above	named comocs	ation submits this statement for the pur		a its registered off
SIGNATURE _	Signature, bypact or protect has a of regulariest ago. If	to obtain and the Co	11-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			DATE	
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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: JEFPEBY W. KINELL 4/15/96 860-701-2000