

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000004279 (5)

1. Corporation Name

MARINER HEALTH CARE OF ORANGE CITY, INC.



Principal Place of Business

47 WATER STREET
MYSTIC CT 06355

Mailing Address

475 BRIDGE ST
GROTON CT 06340
US

3. Date Incorporated or Qualified
08/17/1994

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

4. FEI Number
59-3260680

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

2. Principal Place of Business

2a. Mailing Address

21 125 EUGENE O'NEILL DR

26 125 EUGENE O'NEILL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NEW LONDON CT

28 NEW LONDON CT

Zip

Country

Zip

Country

24 06320

25

29 06320

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
TALLAHASSEE 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 of person named as registered agent (if not applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
STRATTON JR, ARTHUR W
47 WATER STREET
MYSTIC CT

CITY-STATE-ZIP

TITLE ☐ DELETE

V
GALLAGHER, JENNIFER B
47 WATER STREET
MYSTIC CT

CITY-STATE-ZIP

TITLE ☐ DELETE

SD
STRATTON, NANCY L
47 WATER STREET
MYSTIC CT

CITY-STATE-ZIP

TITLE ☐ DELETE

T
KINELL, JEFFREY W
47 WATER STREET
MYSTIC CT

CITY-STATE-ZIP

TITLE ☐ DELETE

AS
BURNETT, MARK H
53 STATE STREET 17TH FL
BOSTON MA

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

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

DATE

OFFICE PHONE

CR2E034 (12/95)