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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

125 EUGENE O'NEILL DR
NEW LONDON CT 06320
US

Mailing Address

125 EUGENE O'NEILL DR
NEW LONDON CT 06320-6410
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
TALLAHASSEE FL 33324

3. Date Incorporated or Qualified

08/17/1994

3a. Date of Last Report

05/01/1996

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

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STRATTON JR, ARTHUR W	
STREET ADDRESS	125 EUGENE O'NEILL DR	
CITY- ST- ZIP	NEW LONDON CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GALLAGHER, JENNIFER B	
STREET ADDRESS	125 EUGENE O'NEILL DR	
CITY- ST- ZIP	NEW LONDON CT	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STRATTON, NANCY L	
STREET ADDRESS	125 EUGENE O'NEILL DR	
CITY- ST- ZIP	NEW LONDON CT	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KINELL, JEFFREY W	
STREET ADDRESS	125 EUGENE O'NEILL DR	
CITY- ST- ZIP	NEW LONDON CT	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BURNETT, MARK H	
STREET ADDRESS	53 STATE STREET 17TH FL	
CITY- ST- ZIP	BOSTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HANSEN, DAVID N.
4.3 STREET ADDRESS	125 EUGENE O'NEILL DR
4.4 CITY- ST- ZIP	NEW LONDON, CT 06320
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE:

David N. Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

4/30/97

860-701-2000

Date

Daytime Phone #

CR2E034 (9/96)