


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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90049 028 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F94000004279</b>					
1. Corporation Name <b>MARINER HEALTH CARE OF ORANGE CITY, INC.</b>					
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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 One Ravinia Drive		26 One Ravinia Drive		08/17/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 1500		27 Suite 1500		59-3260680	
City & State		City & State		Applied For	
23 Atlanta, GA		28 Atlanta, GA		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 30346 25 USA		29 30346 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 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					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	STRATTON JR, ARTHUR W				
STREET ADDRESS	1881 WORCESTER RD				
CITY-ST-ZIP	FRAMINGHAM MA 01701				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	GALLAGHER, JENNIFER B				
STREET ADDRESS	125 EUGENE O'NEILL DR				
CITY-ST-ZIP	NEW LONDON CT				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	GILLIGAN, ALISON K.				
STREET ADDRESS	125 EUGENE O'NEILL DR				
CITY-ST-ZIP	NEW LONDON CT 06320				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	HANSEN, DAVID N				
STREET ADDRESS	1881 WORCESTER RD				
CITY-ST-ZIP	FRAMINGHAM MA 01701				
TITLE	AS	<input checked="" 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS	One Ravinia Drive				
1.4 CITY-ST-ZIP	Atlanta, GA 30346				
2.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Miele, Stefano M.				
2.3 STREET ADDRESS	One Ravinia Drive				
2.4 CITY-ST-ZIP	Atlanta, GA 30346				
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	Gentry, Boyd P.				
4.3 STREET ADDRESS	One Ravinia Drive				
4.4 CITY-ST-ZIP	Atlanta, GA 30346				
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	Finkel, Jane				
5.3 STREET ADDRESS	One Ravinia Drive				
5.4 CITY-ST-ZIP	Atlanta, GA 30346				
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	Whittle, Susan Thomas				
6.3 STREET ADDRESS	One Ravinia Drive				
6.4 CITY-ST-ZIP	Atlanta, GA 30346				

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  
Date Daytime Phone #

CR2E034 (1/98)