

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2000 8:00 am
Secretary of State
 08-25-2000 90003 006 ***550.00

DOCUMENT # F94000004280

1. Entity Name

MARINER HEALTH CARE OF PORT ORANGE, INC.

Principal Place of Business

Mailing Address

RAVINIA DR
 1500
 ATLANTIC GA 30346

ONE RAVINIA DR
 SUITE 1500
 ATLANTIC GA 30346-2115
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Atlanta

Atlanta

Zip

Country

Zip

Country

4. FEI Number

59-3260682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STRATTON, ARTHUR W JR	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTIC GA 30346	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MIELE, STEFANO M	
STREET ADDRESS	ONE RIVINIA DR SE 1500	
CITY-ST-ZIP	ATLANTIC GA 30346	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITTLE, SUSAN T	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTIC GA 30346	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GENTRY, BOYD P	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FINKEL, JANE	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTIC GA 30346	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George D. Morgan	
STREET ADDRESS	One Ravinia Drive, #1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stefano M. Miele 8/15/00 678-443-6704
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)