

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90250 001 *1,200.00

DOCUMENT # F94000004280

1. Entity Name

MARINER HEALTH CARE OF PORT ORANGE, INC.

Principal Place of Business

**ONE RAVINIA DR
 SUITE 1500
 ATLANTA GA 30346
 US**

Mailing Address

**ONE RAVINIA DR
 SUITE 1500
 ATLANTA GA 30346
 US**

24565



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3260682**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2001 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** ☒ Delete
 NAME **MORGAN, GEORGE D**
 STREET ADDRESS **ONE RAVINIA DR STE 1500**
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **D, P** ☐ Change ☒ Addition
 NAME **David R. Wilson**
 STREET ADDRESS **One Ravinia Dr., Suite 1500**
 CITY-ST-ZIP **Atlanta, GA 30346**

TITLE **VS** ☐ Delete
 NAME **MIELE, STEFANO M**
 STREET ADDRESS **ONE RIVINIA DR SE 1500**
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **WHITTLE, SUSAN T**
 STREET ADDRESS **ONE RAVINIA DR STE 1500**
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **D, VP and Asst. Treasurer** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **GENTRY, BOYD P**
 STREET ADDRESS **ONE RAVINIA DR STE 1500**
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **VP, T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☒ Delete
 NAME **FINKEL, JANE**
 STREET ADDRESS **ONE RAVINIA DR STE 1500**
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **VP** ☐ Change ☒ Addition
 NAME **John Notermann**
 STREET ADDRESS **One Ravinia Dr., Suite 1500**
 CITY-ST-ZIP **Atlanta, GA 30346**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stefano Miele

Date

1/29/01

Daytime Phone #

678-443-7000

CR2E034 (10/00)