
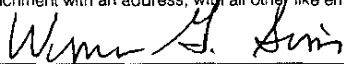


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90057 043 ***150.00

44004360

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3260682	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MIELE, STEFANO M ONE RIVINIA DR SE 1500 ATLANTA, GA 30346	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HAGER, DARREL ONE RAVINIA DR STE 1500 ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT GENTRY, BOYD P ONE RAVINIA DR STE 1500 ATLANTA, GA 30346	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NOTERMANN, JOHN ONE RAVINIA DR STE 1500 ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANGINE, JOHN ONE RAVINIA DRIVE; SUITE 1500 ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SIMS, WYNN G ONE RAVINIA DR., STE 1500 ATLANTA, GA 30346	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Wynn G. Sims		1/21/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

678-443-7000

Attachment

F94000004280
44004360

Directors, Officers Report

Mariner Health Care of Port Orange, Inc.

Friday, January 09, 2004

DIRECTORS

Steven S. Heinrichs **Director**
Home None given
Address:

Darrell D. Zurovec **Director**
Home 1900 Mistywood Drive
Address: Austin, TX 78746

Michael Turner **Director**
Home 2607 S. Woodland Blvd.
Address: #149
 Deland, FL 32720

OFFICERS

Stefano M. Miele **Secretary**
Home Address: 325 Hunting View Court
 Atlanta, GA 30328

Boyd P. Gentry **Vice President and Treasurer**
Home Address: 48 Northwood Avenue
 Atlanta, GA 30309

William C. Straub **Vice President and Assistant Treasurer**
Home Address: 24523 Bay Hill Blvd.
 Katy, TX 77494 USA

Darrell D. Zurovec **Vice President and Assistant Secretary**
Home Address: 1900 Mistywood Drive
 Austin, TX 78746

Wynn G. Sims **Assistant Secretary**
Home Address: 629 Carriage Drive
 Atlanta, GA 30328 USA