

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-26-2004 90057 043 ***150.00

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01062004 Chg-P CR2E034 (10/03)

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		4. FEI Number 59-3260682	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
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			Name		
Street Address (P.O. Box Number is Not Acceptable)			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	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIELE, STEFANO M		NAME		
STREET ADDRESS	ONE RIVINIA DR SE 1500		STREET ADDRESS		
CITY - ST - ZIP	ATLANTA, GA 30346		CITY - ST - ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAGER, DARREL		NAME		
STREET ADDRESS	ONE RAVINIA DR STE 1500		STREET ADDRESS		
CITY - ST - ZIP	ATLANTA, GA 30346		CITY - ST - ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GENTRY, BOYD P		NAME		
STREET ADDRESS	ONE RAVINIA DR STE 1500		STREET ADDRESS		
CITY - ST - ZIP	ATLANTA, GA 30346		CITY - ST - ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOTERMANN, JOHN		NAME		
STREET ADDRESS	ONE RAVINIA DR STE 1500		STREET ADDRESS		
CITY - ST - ZIP	ATLANTA, GA 30346		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANGINE, JOHN		NAME		
STREET ADDRESS	ONE RAVINIA DRIVE; SUITE 1500		STREET ADDRESS		
CITY - ST - ZIP	ATLANTA, GA 30346		CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMS, WYNN G		NAME		
STREET ADDRESS	ONE RAVINIA DR., STE 1500		STREET ADDRESS		
CITY - ST - ZIP	ATLANTA, GA 30346		CITY - ST - ZIP		
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: <i>Wynn G. Sims</i>		Wynn G. Sims		1/21/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone # 678-443-7000	

Attachment

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Directors, Officers Report

Mariner Health Care of Port Orange, Inc.

Friday, January 09, 2004

DIRECTORS

Steven S. Heinrichs Director
Home Address: None given

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

Michael Turner Director
Home Address: 2607 S. Woodland Blvd.
#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