

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004281 (1)

1. Corporation Name

MARINER HEALTH CARE OF PALM CITY, INC.



Principal Place of Business

Mailing Address

47 WATER STREET
MYSTIC CT 06355

47 WATER STREET
MYSTIC CT 06355

2. Principal Place of Business

2a. Mailing Address

21 125 EUGENE O'NEILL DR

26 125 EUGENE O'NEILL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 NEW LONDON CT

28 NEW LONDON CT

Zip

Country

Zip

Country

24 06320

25

29 06320

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/17/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0612016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☒ Yes

☐ No

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 type for person being registered as agent or director

Signature type for person being registered as agent or director

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
PD	STRATTON JR, ARTHUR W	47 WATER STREET	MYSTIC CT	
V	GALLAGHER, JENNIFER B	47 WATER STREET	MYSTIC CT	
SD	STRATTON, NANCY L	47 WATER STREET	MYSTIC CT	
T	KINELL, JEFFREY W	475 BRIDGE ST	GROTON CT	
AS	BURNETT, MARK H	53 STATE STREET 17TH FL	BOSTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☒ Change ☐ Addition
12 NAME	125 EUGENE O'NEILL DR	NEW LONDON, CT	06320	
2. TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☒ Change ☐ Addition
125 EUGENE O'NEILL DR	125 EUGENE O'NEILL DR	NEW LONDON, CT	06320	
3. TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☒ Change ☐ Addition
125 EUGENE O'NEILL DR	125 EUGENE O'NEILL DR	NEW LONDON, CT	06320	
4. TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☒ Change ☐ Addition
125 EUGENE O'NEILL DR	125 EUGENE O'NEILL DR	NEW LONDON, CT	06320	
5. TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐ Change ☐ Addition
6. TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY W. KINELL

4/15/96

860-701-2000

CR2E034 (12/95)