

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90017 018 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000004281**

1. Corporation Name

**MARINER HEALTH CARE OF PALM CITY, INC.**



Principal Place of Business

125 EUGENE O'NEILL DR.  
NEW LONDON CT 06355  
US

Mailing Address

125 EUGENE O'NEILL DR.  
NEW LONDON CT 06355  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/17/1994**

4. FEI Number

**65-0512016**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 One Ravinia Drive**

Suite, Apt. #, etc.

**22 Suite 1500**

City & State

**23 Atlanta, GA**

Zip

**24 30346**

Country

**25 USA**

2a. Mailing Address

**26 One Ravinia Drive**

Suite, Apt. #, etc.

**27 Suite 1500**

City & State

**28 Atlanta, GA**

Zip

**29 30346**

Country

**30 USA**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **STRATTON JR, ARTHUR W**

STREET ADDRESS **1881 WORCESTER RD**

CITY-ST-ZIP **FRAMINGHAM MA 01701**

TITLE **V** ☒ DELETE

NAME **GALLAGHER, JENNIFER B**

STREET ADDRESS **125 EUGENE O'NEILL DR.**

CITY-ST-ZIP **NEW LONDON CT**

TITLE **S** ☒ DELETE

NAME **GILLIGAN, ALISON K.**

STREET ADDRESS **125 EUGENE O'NEILL DR.**

CITY-ST-ZIP **NEW LONDON CT 06320**

TITLE **TD** ☒ DELETE

NAME **HANSEN, DAVID N**

STREET ADDRESS **1881 WORCESTER RD**

CITY-ST-ZIP **FRAMINGHAM MA 01701**

TITLE **AS** ☒ DELETE

NAME **BURNETT, MARK H**

STREET ADDRESS **53 STATE STREET 17TH FL**

CITY-ST-ZIP **BOSTON MA**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **One Ravinia Drive, Suite 1500**

1.4 CITY-ST-ZIP **Atlanta, GA 30346**

2.1 TITLE **VS** ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS **Miele, Stefano M.**

2.4 CITY-ST-ZIP **One Ravinia Drive, Suite 1500**

3.1 TITLE **VT** ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS **Gentry, Boyd P.**

3.4 CITY-ST-ZIP **One Ravinia Drive, Suite 1500**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS **Whittle, Susan Thomas**

4.4 CITY-ST-ZIP **One Ravinia Drive, Suite 1500**

5.1 TITLE **AS** ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS **Finkel, Jane**

5.4 CITY-ST-ZIP **One Ravinia Drive, Suite 1500**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

678.443.7000

Daytime Phone #

CR2E034 (11/98)