

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004281

1. Entity Name

MARINER HEALTH CARE OF PALM CITY, INC.

**FILED**  
**Aug 25, 2000 8:00 am**  
**Secretary of State**

08-25-2000 90003 021 \*\*\*550.00

Principal Place of Business

Mailing Address

1 RAVINIA DR  
 SUITE 1500  
 ATLANTIC GA 30346  
 US

1 RAVINIA DR  
 SUITE 1500  
 ATLANTIC GA 30346-2115  
 US

2. Principal Place of Business

One Ravinia Drive  
 Suite, Apt. #, etc.

3. Mailing Address

One Ravinia Drive  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Atlanta

City & State

Atlanta

4. FEI Number

65-0512016

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, 2000 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	<input checked="" type="checkbox"/> Delete
NAME	STRATTON JR, ARTHUR W	
STREET ADDRESS	ONE RAVINIA DR STEE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MIELE, STEFANO M	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTIC GA 30346	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GENTRY, BOYD P	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTIC GA 30346	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITTLE, SUSAN T	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTIC GA 30346	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FINKEL, JANE	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTIC GA 30346	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George D. Morgan	
STREET ADDRESS	One Ravinia Drive, #1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Atlanta	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Atlanta	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Atlanta	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Stefano M. Miele* **Stefano M. Miele** 8/15/00 678-4436704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)