

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90089 027 ***150.00

DOCUMENT # F94000004281

1. Entity Name
MARINER HEALTH CARE OF PALM CITY, INC.

Principal Place of Business

1 RAVINIA DR
SUITE 1500
ATLANTA GA 30346
US

Mailing Address

1 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



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0512016**

Applied For
 Not Applicable

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 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 *Wynn G. Sims*

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, 2002 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** ☒ Delete
NAME **MORGAN, GEORGE D**
STREET ADDRESS **1 RAVINIA DR #1500**
CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **D** ☐ Change ☒ Addition
NAME **Andrews, Todd**
STREET ADDRESS **One Ravinia Dr., Ste. 1500**
CITY-ST-ZIP **Atlanta, GA 30346**

TITLE **VS** ☐ Delete
NAME **MIELE, STEFANO M**
STREET ADDRESS **ONE RAVINIA DR STE 1500**
CITY-ST-ZIP **ATLANTA FL 30346**

TITLE **DATV** ☐ Change ☒ Addition
NAME **Manzi, Danette**
STREET ADDRESS **One Ravinia Dr., Ste. 1500**
CITY-ST-ZIP **Atlanta, GA 30346**

TITLE **VT** ☐ Delete
NAME **GENTRY, BOYD P**
STREET ADDRESS **ONE RAVINIA DR STE 1500**
CITY-ST-ZIP **ATLANTA FL 30346**

TITLE **V** ☐ Change ☒ Addition
NAME **Notermann, John**
STREET ADDRESS **One Ravinia Dr., Ste. 1500**
CITY-ST-ZIP **Atlanta, GA 30346**

TITLE **D** ☒ Delete
NAME **WHITTLE, SUSAN T**
STREET ADDRESS **ONE RAVINIA DR STE 1500**
CITY-ST-ZIP **ATLANTA FL 30346**

TITLE **VAS** ☐ Change ☒ Addition
NAME **Zurovec, Darrell**
STREET ADDRESS **One Ravinia Dr., Ste. 1500**
CITY-ST-ZIP **Atlanta, GA 30346**

TITLE **AS** ☒ Delete
NAME **FINKEL, JANE**
STREET ADDRESS **ONE RAVINIA DR STE 1500**
CITY-ST-ZIP **ATLANTA FL 30346**

TITLE **VAT** ☐ Change ☒ Addition
NAME **Straub, William C.**
STREET ADDRESS **One Ravinia Dr., Ste. 1500**
CITY-ST-ZIP **Atlanta, GA 30346**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Change ☒ Addition
NAME **Sims, Wynn G.**
STREET ADDRESS **One Ravinia Dr., Ste. 1500**
CITY-ST-ZIP **Atlanta, GA 30346**

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: *Wynn G. Sims* **Wynn G. Sims, Asst. Sec.** **1/8/02** **678-443-6775**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)