FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000000116 (2)**

1. Corporation Name

MARINER HEALTH CARE OF PINELLAS POINT, INC.

Principal Place of Business	Mailing Address
47 WATER STREET MYSTIC CT 06355	47 WATER STREET MYSTIC CT 06355

3. Date Incorporated or Qualified: 01/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21 125 EUGENE O'NEILL DR
22 Suite, Apt. #, etc.
23 City & State: NEW LONDON, CT
24 Zip: 06320 25 Country:

2a. Mailing Address
26 125 EUGENE O'NEILL DR
27 Suite, Apt. #, etc.
28 City & State: NEW LONDON CT
29 Zip: 06320 30 Country:

4. FEI Number: APPLIED FOR 59-3287015 ☐ 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

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: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	STRATTON, ARTHUR W JR		1.2 NAME		
STREET ADDRESS	47 WATER STREET		1.3 STREET ADDRESS	125 EUGENE O'NEILL DRIVE	
CITY-ST-ZIP	MYSTIC CT 06355		1.4 CITY-ST-ZIP	NEW LONDON, CT 06320	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GALLAGHER, JENNIFER B		2.2 NAME		
STREET ADDRESS	47 WATER STREET		2.3 STREET ADDRESS	125 EUGENE O'NEILL DRIVE	
CITY-ST-ZIP	MYSTIC CT 06355		2.4 CITY-ST-ZIP	NEW LONDON, CT 06320	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	STRATTON, NANCY L		3.2 NAME		
STREET ADDRESS	47 WATER STREET		3.3 STREET ADDRESS	125 EUGENE O'NEILL DRIVE	
CITY-ST-ZIP	MYSTIC CT 06355		3.4 CITY-ST-ZIP	NEW LONDON, CT 06320	
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	KINNELL, JEFFREY W		4.2 NAME		
STREET ADDRESS	47 WATER STREET		4.3 STREET ADDRESS	125 EUGENE O'NEILL DR	
CITY-ST-ZIP	MYSTIC CT 06355		4.4 CITY-ST-ZIP	NEW LONDON, CT 06320	
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BURNETT, MARK H		5.2 NAME		
STREET ADDRESS	53 STATE ST., 175H FLOOR		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02109		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: JKinnell JEFFREY W. KINNELL 4/15/96 860-701-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #