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FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000116 (2)

1. Corporation Name

MARINER HEALTH CARE OF PINELLAS POINT, INC.

Principal Place of Business

125 EUGENE 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

01/09/1995

4. FEI Number

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 firm if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	STRATTON, ARTHUR W JR	
STREET ADDRESS	125 EUGENE O'NEILL DR.	
CITY-ST-ZIP	NEW LONDON CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GALLAGHER, JENNIFER B	
STREET ADDRESS	125 EUGENE O'NEILL DR.	
CITY-ST-ZIP	NEW LONDON CT	
TITLE	SO	<input checked="" type="checkbox"/> DELETE
NAME	STRATTON, NANCY L	
STREET ADDRESS	125 EUGENE O'NEILL DR.	
CITY-ST-ZIP	NEW LONDON CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HANSEN, DAVID N	
STREET ADDRESS	125 EUGENE O'NEILL DR.	
CITY-ST-ZIP	NEW LONDON CT	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BURNETT, MARK H	
STREET ADDRESS	53 STATE ST., 175H FLOOR	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1881 Worcester Rd.
1.4 CITY-ST-ZIP	Framingham, MA 01701
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T.D
4.3 STREET ADDRESS	1881 Worcester Rd.
4.4 CITY-ST-ZIP	Framingham, MA 01701
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S Gilligan, Alison K
6.3 STREET ADDRESS	125 Eugene O'Neill Dr
6.4 CITY-ST-ZIP	New London, CT 06320

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.

SIGNATURE

David N Hansen 4/14/98

(860) 701-3000

CR2E034 (10/97)