

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90049 027 ***150.00

DOCUMENT # F95000000116

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 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
NAME STRATTON, ARTHUR W JR
STREET ADDRESS 1881 WORCESTER RD
CITY-ST-ZIP FRAMINGHAM MA 01701

DELETE

TITLE V
NAME GALLAGHER, JENNIFER B
STREET ADDRESS 125 EUGENE O'NEILL DR.
CITY-ST-ZIP NEW LONDON CT

DELETE

TITLE S
NAME GILLIGAN, ALISON K.
STREET ADDRESS 125 EUGENE O'NEILL DR.
CITY-ST-ZIP NEW LONDON CT 06320

DELETE

TITLE TD
NAME HANSEN, DAVID N
STREET ADDRESS 1881 WORCESTER RD
CITY-ST-ZIP FRAMINGHAM MA 01701

DELETE

TITLE AS
NAME BURNETT, MARK H
STREET ADDRESS 53 STATE ST., 175H FLOOR
CITY-ST-ZIP BOSTON MA 02109

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Stratton, Arthur W. Jr.
1.3 STREET ADDRESS One Ravinia Drive, Suite 1500
1.4 CITY-ST-ZIP Atlanta, GA 30346

Change Addition

2.1 TITLE VS
2.2 NAME Miele, Stefano M.
2.3 STREET ADDRESS One Ravinia Drive, Suite 1500
2.4 CITY-ST-ZIP Atlanta, GA 30346

Change Addition

3.1 TITLE VT
3.2 NAME Gentry, Boyd P.
3.3 STREET ADDRESS One Ravinia Drive, Suite 1500
3.4 CITY-ST-ZIP Atlanta, GA 30346

Change Addition

4.1 TITLE D
4.2 NAME Whittle, Susan Thomas
4.3 STREET ADDRESS One Ravinia Drive, Suite 1500
4.4 CITY-ST-ZIP Atlanta, GA 30346

Change Addition

5.1 TITLE D
5.2 NAME Morgan, George
5.3 STREET ADDRESS One Ravinia Drive, Suite 1500
5.4 CITY-ST-ZIP Atlanta, GA 30346

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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

1/29/99

Date

678.443.7000

Daytime Phone #

CR2E034 (11/98)