

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000116

1. Entity Name

MARINER HEALTH CARE OF PINELLAS POINT, INC.

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

08-25-2000 90003 013 ***550.00

Principal Place of Business

Mailing Address

ONE RAVINIA DR
 SUITE 1500
 ATLANTIC GA 30346
 US

ONE RAVINIA DR
 SUITE 1500
 ATLANTIC GA 30346-2115
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Atlanta

City & State
 Atlanta

4. FEI Number 59-3287015

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 STRATTON, ARTHUR W JR
 ONE RAVINIA DR STE 1500
 ATLANTIC GA 30346 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 President
 George D. Morgan
 One Ravinia Dr., #1500
 Atlanta, GA 30346 ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 WHITTLE, SUSAN T
 ONE RAVINIA DR STE 1500
 ATLANTIC GA 30346 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MORGAN, GEORGE
 ONE RAVINIA DR STE 1500
 ATLANTIC GA 30346 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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* REQUIRED *8/15/00* 678-4436704
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)