

F95000003897

Document Number Only

U T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

000001560520

-08/15/95--01068--012

****420.00 ****70.00

000001560520

-08/15/95--01068--011

315.00 *52.50

Mariner Healthcare & P. Dental, Inc.

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Limited Partnership

☐ Restatement

☐ Annual Report

☐ Reservation

☐ Certified Copy

☐ Photo Copies

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call If Problem

☐ Will Wait

☒ Merger

☐ Mark

☐ Other

☒ Change of H.A.

☐ Flat Fee Name

☐ OUB/ 0/8

☐ After 4:30

☒ Pick Up

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

8-11-95

4:00

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CH2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. MARINER HEALTH CARE OF DELAND, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE
(State or country under the law of which it is incorporated)
3. Applied for
(FEI number, if applicable)
4. 7-26-95
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 7-27-95
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 475 BRIDGE STREET
GROTON CT 06340
(Current mailing address)
8. HEALTHCARE
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: CT CORPORATION SYSTEM
Office Address: 1200 SEA PINE ISLAND Rd.
PLANTATION, Florida, 33324
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Connie Bryan CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ARTHUR W. STRATTON, JR.

Address: CLIPPER Point Rd.

WEST MYSTIC CT 06355

Director: NANCY L. STRATTON

Address: CLIPPER Point Rd.

WEST MYSTIC CT 06388

B. OFFICERS

President: ARTHUR W. STRATTON, JR.

Address: CLIPPER Point Rd.

WEST MYSTIC CT 06388

Vice President: JENNIFER B. GALLAGHER

Address: 38 SPRING STREET

NOANK CT 06340

Secretary: NANCY L. STRATTON

Address: CLIPPER Point Rd.

WEST MYSTIC CT 06388

Treasurer: JEFFREY W. KINELL

Address: 9 Applewood Common

EAST LYME CT 06333

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X JKP
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JEFFREY W. KINELL, TREASURER
(Typed or printed name and capacity of person signing application)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

95 AUG 11 PM 4:04

FILED

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARINER HEALTH CARE OF DELAND, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JULY, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
25 AUG 11 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Edward J. Freel, Secretary of State

2527958 8300

950168191

AUTHENTICATION: 7586868

DATE: 07-26-95