## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

F95000003897 (4)

**DOCUMENT #** 

MARINER HEALTH CARE OF DELAND, INC.

Mailing Address



475 BRIDGE STREET GROTON CT 06340		475 BRIDGE STREET Groton Ct 06340		3. Date Incorporated or Qualified 08/11/1995	3a. Date of L	ast Report		
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2. Principal Place		2a. Mading Address	_ •		4. FEI Number APPLIED FOR 59	-3331901	Applied For	
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Suite, Apt. #, etc.		Suite Apt #, etc		5. Certificate of Status Desired	1 1	8.75 Additional Fee Required		
City & State  New L	ondon CT	City & State  28 New London CT		•	6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees			
Ζρ	Country	Zip 29 06320	Country 30		8. This corporation has liability for Florida Statutes X Yes	intang ble tax un	der s 199.032.	
06320	9. Name and Address of Current				10. Name and Address of New F	Registered Ager	ıt	
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C T CO	RPORATION SYSTEM			5	(D.O. Da., Marsha, in Not Appointed	ois)		
1200 S.	PINE ISLAND ROAD		82 83		it Address (P.O. Box Number is Not Acceptable)			
PLANIA	ATION FL 33324		84			8:	Zip Code	
				<b>'</b>	ration submits this statement for the pure	FL	1	
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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 it made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address

SIGNATURE:

GOFFICER OR DIRECTOR 4115196

CR2E034 (12/95)