
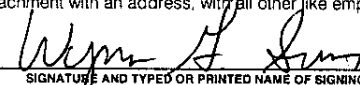


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90009 002 \*\*\*150.00

<b>DOCUMENT # F95000003897</b>					
<b>1. Entity Name</b> MARINER HEALTH CARE OF DELAND, INC.					
<b>Principal Place of Business</b> ONE RAVINIA DR SUITE 1500 ATLANTA, GA 30346 US			<b>Mailing Address</b> ONE RAVINIA DR SUITE 1500 ATLANTA, GA 30346 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3331901	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> VP	<b>NAME</b> NOTERMANN, JOHN	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> ONE RAVINIA DR STE 1500	ATLANTA, GA 30346		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> S	<b>NAME</b> MIELE, STEFANO M	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> ONE RAVINIA DR STE 1500	ATLANTA, GA 30346		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> VT	<b>NAME</b> GENTRY, BOYD P	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> ONE RAVINIA DR STE 1500	ATLANTA, GA 30346		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> DVAT	<b>NAME</b> MANZI, DARETTE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> ONE RAVINIA DR STE 1500	ATLANTA, GA 30346		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> PD	<b>NAME</b> HAGER, DARREL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> ONE RAVINIA DR STE 1500	ATLANTA, GA 30346		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> D	<b>NAME</b> ANDREWS, TODD	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> ONE RAVINIA DRIVE STE 1500	ATLANTA, GA 30346		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 			Wynn G. Sims		678-443-7000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

Attachment

#F9500003897

44007143

Friday, January 09, 2004

## **Directors, Officers Report**

**Mariner Health Care of Deland, Inc.**

### **DIRECTORS**

**Steven S. Heinrichs** **Director**

Home None given  
Address:

**Darrell D. Zurovec** **Director**

Home 1900 Mistywood Drive  
Address: Austin, TX 78746

**Michael Turner** **Director**

Home 2607 S. Woodland Blvd.  
Address: #149  
Deland, FL 32720

### **OFFICERS**

**Boyd P. Gentry** **Vice President and Treasurer**

Home Address: 48 Northwood Avenue  
Atlanta, GA 30309

**Stefano M. Miele** **Secretary**

Home Address: 325 Hunting View Court  
Atlanta, GA 30328

**William C. Straub** **Vice President and Assistant Treasurer**

Home Address: 24523 Bay Hill Blvd.  
Katy, TX 77494 USA

**Darrell D. Zurovec** **Vice President and Assistant Secretary**

Home Address: 1900 Mistywood Drive  
Austin, TX 78746

**Wynn G. Sims** **Assistant Secretary**

Home Address: 629 Carriage Drive  
Atlanta, GA 30328 USA