

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 30 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003897

1. Entity Name  
MARINER HEALTH CARE OF DELAND, INC.



Principal Place of Business

ONE RAVINIA DR  
SUITE 1250  
ATLANTA, GA 30346 US

Mailing Address

ONE RAVINIA DR  
SUITE 1250  
ATLANTA, GA 30346 US



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3331901

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

DO NOT WRITE  
IN THIS SPACE

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PSD  
GRUNSTEIN, HARRY M  
ONE RAVINIA DR STE 1250  
ATLANTA, GA 30346

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VT  
GENTRY, BOYD P  
ONE RAVINIA DR STE 1250  
ATLANTA, GA 30346

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
SC 617

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

700075204237  
05/14/06--01035--008 \*\*13000.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: 96 [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 678-443-7000  
Date Daytime Phone #