1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9500003898

1. Corporation Name

MARINER HEALTH CARE OF TUSKAWILLA, INC.

## FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90049 026 \*\*\*150.00



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9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION F1 33324  13. South Provisions of Sections 607,0502 and 607,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. In an analysis with adaptive compositions of Sections 607,0502 and 607,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. In an analysis with a descript the chigation of Sections 607,0502 and 607,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. In an analysis with a description of Sections 607,0505, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. In an analysis with a description of Sections 607,0505, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. In an analysis with a statement for the purpose of changing its registered agent. In an analysis with a purpose of changing its registered agent. In an analysis with a purpose of changing its registered agent. In an analysis was statement for the purpose of changing its registered agent. In an analysis was statement for the purpose of changing its registered agent. In an analysis was statement for the purpose of changing its registered agent. In an analysis was statement for the purpose of changing its registered agent. In an analysis was statement for the purpose of changing its registered agent. In an analysis was statement for the purpose of changing its registered agent. In an analysis was statement for the purpose of changing its registered agent. In an analysis was statement for the purpose of changing its registered agent. In an analysis was statement for the purpose of changing its registered agent. In an analysis was statement for the purpose of changing its registered agent. In an					` ^			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida. Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD OFFICERS AND DIRECTORS IN 12.  TITLE  S STRATTON, ARTHUR W JR  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  S STRATTON, ARTHUR W JR  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  S SUBMER ADDRESS  1881 WORCESTER RD  FRAMINGHAM MA 01701  14. CITY-ST-2IP  AT LEAST ADDRESS  CITY-ST-2IP  TITLE  TO SOME AVINIA Drive  GALLAGHER, JENNIFER B  30. STREET ADDRESS  SIRRET ADDRESS	· · · · · · · · · · · · · · · · · · ·							
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIMECTOR

9/99 678-443-7000

CR2E034 (11/9)