


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90049 026 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000003898					
1. Corporation Name MARINER HEALTH CARE OF TUSKAWILLA, INC.					
Principal Place of Business 125 EUGENE O'NEILL DR NEW LONDON CT 06320 US			Mailing Address 125 EUGENE O'NEILL DR NEW LONDON CT 06320 US		
2. Principal Place of Business 21 One Ravinia Drive Suite, Apt. #, etc. 22 Suite 1500 City & State 23 Atlanta, GA Zip Country 24 30346 25 USA		2a. Mailing Address 26 One Ravinia Drive Suite, Apt. #, etc. 27 Suite 1500 City & State 28 Atlanta, GA Zip Country 29 30346 30 USA		3. Date Incorporated or Qualified 08/11/1995	
4. FEI Number 59-3331915		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	STRATTON, ARTHUR W JR				
STREET ADDRESS	1881 WORCESTER RD				
CITY-ST-ZIP	FRAMINGHAM MA 01701				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	GILLIGAN, ALISON K.				
STREET ADDRESS	125 EUGENE O'NEILL DR				
CITY-ST-ZIP	NEW LONDON CT 06320				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	GALLAGHER, JENNIFER B				
STREET ADDRESS	28 SPRING STREET				
CITY-ST-ZIP	NOANK CT 06340				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	HANSEN, DAVID N				
STREET ADDRESS	1881 WORCESTER RD				
CITY-ST-ZIP	FRAMINGHAM MA 01701				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Stratton, Arthur W. Jr.				
1.3 STREET ADDRESS	One Ravinia Drive				
1.4 CITY-ST-ZIP	Atlanta, GA 30346				
2.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Miele, Stefano M.				
2.3 STREET ADDRESS	One Ravinia Drive				
2.4 CITY-ST-ZIP	Atlanta, GA 30346				
3.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Gentry, Boyd P.				
3.3 STREET ADDRESS	One Ravinia Drive				
3.4 CITY-ST-ZIP	Atlanta, GA 30346				
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	Whittle, Susan Thomas				
4.3 STREET ADDRESS	One Ravinia Drive				
4.4 CITY-ST-ZIP	Atlanta, GA 30346				
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	Morgan, George				
5.3 STREET ADDRESS	One Ravinia Drive				
5.4 CITY-ST-ZIP	Atlanta, GA 30346				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 DIRECTOR

1/29/99 678-443-7000
Date Daytime Phone #

CR2E034 (11/98)