

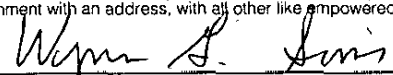


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90057 044 ***150.00

DOCUMENT # F95000003898 1. Entity Name MARINER HEALTH CARE OF TUSKAWILLA, INC.					
Principal Place of Business ONE RAVINIA DR SUITE 1500 ATLANTA, GA 30346 US			Mailing Address ONE RAVINIA DR SUITE 1500 ATLANTA, GA 30346 US		
2. Principal Place of Business Suite, Apt. #, etc.:		3. Mailing Address Suite, Apt. #, etc.:		 01062004 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
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. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAGER, DARREL L ONE RAVINIA DR STE 1500 ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIELE, STEFANO M ONE RAVINIA DR STE 1500 ATLANTA, GA 30346 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GENTRY, BOYD P ONE RAVINIA DR STE 1500 ATLANTA, GA 30346 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGINE, JOHN O ONE RAVINIA DR STE 1500 ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOTERMANN, JOHN ONE RAVINIA DR STE 1500 ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS ZUROVEC, DARRELL ONE RAVINIA DR STE 1500 ATLANTA, GA 30346 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 		Wynn G. Sims		1/21/04 678-443-7000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

795000003898
44004359

Friday, January 09, 2004

Directors, Officers Report

Mariner Health Care of Tuskawilla, Inc.

DIRECTORS

Steven S. Heinrichs Director
Home None given
Address:

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

Darrell D. Zurovec Director
Home 1900 Mistywood Drive
Address: Austin, TX 78746

OFFICERS

Stefano M. Miele Secretary
Home Address: 325 Hunting View Court
Atlanta, GA 30328

Boyd P. Gentry Vice President and Treasurer
Home Address: 48 Northwood Avenue
Atlanta, GA 30309

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