


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000003898**

1. Entity Name  
**MARINER HEALTH CARE OF TUSKAWILLA, INC.**



Principal Place of Business <b>ONE RAVINIA DR          SUITE 1250          ATLANTA, GA 30346 US</b>	Mailing Address <b>ONE RAVINIA DR          SUITE 1250          ATLANTA, GA 30346 US</b>
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**DO NOT WRITE IN THIS SPACE**



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3331915</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 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
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 02/22/07-80009-016 150.00

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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: Boyd P. Gentry VP & Treas. 2-12-07 678-443-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #