

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003899 (0)

1. Corporation Name

MARINER HEALTH CARE OF ATLANTIC SHORES, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1995

4. FEI Number

59-3331813

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 or state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STRATTON, ARTHUR W JR.	
STREET ADDRESS	CLIPPER POINT RD.	
CITY-ST-ZIP	WEST MYSTIC CT 06388	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	STRATTON, NANCY L	
STREET ADDRESS	CLIPPER POINT RD.	
CITY-ST-ZIP	WEST MYSTIC CT 06388	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GALLAGHER, JENNIFER B	
STREET ADDRESS	28 SPRING ST.	
CITY-ST-ZIP	NOANK CT 06340	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HANSEN, DAVID N	
STREET ADDRESS	100 WESTGATE RD	
CITY-ST-ZIP	WELLESLEY MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1881 Worcester Rd.
1.4 CITY-ST-ZIP	Framingham, MA 01701
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T.D
4.3 STREET ADDRESS	1881 Worcester Rd.
4.4 CITY-ST-ZIP	Framingham, MA 01701
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gilligan, Alison K.
5.3 STREET ADDRESS	125 Eugene O'Neill Dr.
5.4 CITY-ST-ZIP	New London, CT 06320
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.

SIGNATURE:

David N Hansen 11/1/98 (860) 701-2000

CR2E034 (10/97)