


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

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

03-03-1999 90049 024 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F95000003899</b>					
1. Corporation Name <b>MARINER HEALTH CARE OF ATLANTIC SHORES, INC.</b>					
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 24 30346		2a. Mailing Address 26 One Ravinia Drive Suite, Apt. #, etc. 27 Suite 1500 City & State 28 Atlanta, GA Zip 29 30346		Country 25 USA 30 USA	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP <input type="checkbox"/> DELETE NAME STRATTON, ARTHUR W JR. STREET ADDRESS 1881 WORCESTER RD CITY-ST-ZIP FRAMINGHAM MA 01701			1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Arthur W. Stratton, Jr. 1.3 STREET ADDRESS One Ravinia Drive, Suite 1500 1.4 CITY-ST-ZIP Atlanta, GA 30346		
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			2.1 TITLE VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Stefano M. Miele 2.3 STREET ADDRESS One Ravinia Drive, Suite 1500 2.4 CITY-ST-ZIP Atlanta, GA 30346		
TITLE V <input checked="" type="checkbox"/> DELETE NAME GALLAGHER, JENNIFER B STREET ADDRESS 28 SPRING ST. CITY-ST-ZIP NOANK CT 06340			3.1 TITLE VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Boyd P. Gentry 3.3 STREET ADDRESS One Ravinia Drive, Suite 1500 3.4 CITY-ST-ZIP Atlanta, GA 30346		
TITLE TD <input checked="" type="checkbox"/> DELETE NAME HANSEN, DAVID N STREET ADDRESS 1881 WORCESTER RD CITY-ST-ZIP FRAMINGHAM MA 01701			4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME George Morgan 4.3 STREET ADDRESS One Ravinia Drive, Suite 1500 4.4 CITY-ST-ZIP Atlanta, GA 30346		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			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

1/28/99

Date

678.443.7000

Daytime Phone #

CR2E034 (1/98)