FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 25, 2000 8:00 am Secretary of State DOCUMENT # F95000003899 MARINER HEALTH CARE OF ATLANTIC SHORES, INC. 08-25-2000 90003 017 ***550.00 Mailing Address Principal Place of Business ONE RAVINIA DR RAVINIA DR **SUITE 1500** ----- 1500 - 11710 GA 30346 ATLANTIC GA 30346-2115 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3331913 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. resident & Director Addition Change 🗶 Delete TITLE TITLE George O Morgan STRATTON, ARTHUR W JR. NAME NAME ne Ravinla Deire STE1500 ONE RAVINIA DR STE 1500 STREET ADDRESS STREET ADDRESS GA-30346 ATLANTIC GA 30346 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE MIELE, STEFANO M NAME NAME STREET ADDRESS ONE RAVINIA DR STE 1500 STREET ADDRESS AHanta CiTY-ST-ZIP ATLANTIC GA 30346 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE GENTRY, BOYD P NAME NAME ONE RAVINIA DR STE 1500 STREET ADDRESS STREET ADDRESS Attanta CITY-ST-ZIP ATLANTIC GA 30346 CITY-ST-ZIP Change ☐ Addition **Delete** TITLE TITLE MORGAN, GEORGE NAME NAME ONE RAVINIA DR STE 1500 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ATLANTIC GA 30346 ☐ Change Addition [X TITLE ☐ Delete TITLE Thomas Whittle One Ravinia Deive STE1 500 NAME STREET ADDRESS STREET ADDRESS Atlanta, GA 30346 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 it 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 11 or Block 12 if ent with an address, with all other like empowered.

SIGNATURE:

tano M.Miele B/ SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CR2E034 (9/99