



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-26-2004 90057 035 \*\*\*150.00

<b>DOCUMENT # F95000003899</b> 1. Entity Name <b>MARINER HEALTH CARE OF ATLANTIC SHORES, INC.</b>					
Principal Place of Business <b>ONE RAVINIA DR SUITE 1500 ATLANTA, GA 30346 US</b>			Mailing Address <b>ONE RAVINIA DR SUITE 1500 ATLANTA, GA 30346 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3331913</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 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	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	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAGER, DARREL ONE RAVINIA DRIVE; SUITE 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	D MANGING, 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	
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.					
<b>SIGNATURE:</b> <i>Wynn G. Sims</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Wynn G. Sims <b>1/21/04</b> <b>678-443-7000</b> Date Daytime Phone #		

Attachment

F95000003899  
44004368

## Directors, Officers Report

Mariner Health Care of Atlantic Shores, Inc.

Friday, January 09, 2004

### DIRECTORS

**Steven S. Heinrichs** Director  
Home Address: None given

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

**Darrell D. Zurovec** Director  
Home Address: 1900 Mistywood Drive  
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