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## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F95000003899</b> 1. Entity Name <b>MARINER HEALTH CARE OF ATLANTIC SHORES, INC.</b>	
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FILED  
05 JUL 28 PM 3: 03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>
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2. Principal Place of Business <i>One Ravinia Dr.</i> Suite, Apt. #, etc. <i>Suite 1250</i> City & State <i>Atlanta, GA</i> Zip <i>30346</i>	3. Mailing Address <i>One Ravinia Dr.</i> Suite, Apt. #, etc. <i>Suite 1250</i> City & State <i>Atlanta, GA</i> Zip <i>30346</i>
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06302005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3331913</b>	Applied For <input type="checkbox"/> Not Applicable
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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 <div style="text-align: right;"> <b>FL</b> Zip Code         </div>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>S</b> <b>MIELE, STEFANO M</b> STREET ADDRESS <b>ONE RAVINIA DR STE 1500</b> CITY-ST-ZIP <b>ATLANTA, GA 30346</b>	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PSD</b> <b>GRUNSTEIN, HARRY M.</b> STREET ADDRESS <b>ONE RAVINIA DR, STE. 1250</b> CITY-ST-ZIP <b>ATLANTA, GA 30346</b>
TITLE	<b>VT</b> <b>GENTRY, BOYD P</b> STREET ADDRESS <b>ONE RAVINIA DR STE 1500</b> CITY-ST-ZIP <b>ATLANTA, GA 30346</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VT</b> <b>GENTRY, BOYD P.</b> STREET ADDRESS <b>ONE RAVINIA DR, STE. 1250</b> CITY-ST-ZIP <b>ATLANTA, GA 30346</b>
TITLE	<b>VAS</b> <b>ZUROVEC, DARRELL</b> STREET ADDRESS <b>ONE RAVINIA DR STE 1500</b> CITY-ST-ZIP <b>ATLANTA, GA 30346</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700058396607</b> <b>08/09/05--01057--003 **352.50</b>
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* 7/20/05 678-443-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #