

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90062 001 *3,300.00

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1. Entity Name
MARINER HEALTH CARE OF ATLANTIC SHORES, INC.



Principal Place of Business

**ONE RAVINIA DR
SUITE 1250 1400
ATLANTA, GA 30346 US**

Mailing Address

**ONE RAVINIA DR
SUITE 1250 1400
ATLANTA, GA 30346 US**

00001334



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3331913

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
GRUNSTEIN, HARRY M
ONE RAVINIA DR, STE 1250 1400
ATLANTA, GA 30346**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~VP~~
~~GENTRY, BOYD P~~
~~ONE RAVINIA DR STE 1250~~
~~ATLANTA, GA 30346~~**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
EHRlich, DEVIN
ONE RAVINIA DR, STE. 1400
ATLANTA, GA 30346**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEVIN H EHRlich, VP 2/5/08 678-443-6772