

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003899

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



**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90144 017 \*\*\*550.00

0119894  
AT

Principal Place of Business  
ONE RAVINIA DR  
SUITE 1500  
ATLANTA GA 30346  
US

Mailing Address  
ONE RAVINIA DR  
SUITE 1500  
ATLANTA GA 30346  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3331913

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	NOTERMANN, JOHN	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MIELE, STEFANO M	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GENTRY, BOYD P	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	ZUROVEC, DARRELL	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	DVAT	<input checked="" type="checkbox"/> Delete
NAME	MANZI, DARETTE	
STREET ADDRESS	ONE RAVINIA DRIVE; SUITE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, TODD	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGER, DARREL	
STREET ADDRESS	ONE RAVINIA DR, STE. 1500	
CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIELE, STEFANO M.	
STREET ADDRESS	ONE RAVINIA DR, STE. 1500	
CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANGINE, JOHN	
STREET ADDRESS	ONE RAVINIA DR, STE. 1500	
CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, MICHAEL	
STREET ADDRESS	ONE RAVINIA DR, STE. 1500	
CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMS, WYNN G.	
STREET ADDRESS	ONE RAVINIA DR, STE. 1500	
CITY-ST-ZIP	ATLANTA, GA 30346	
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:

*W. SIMS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Sec.

7-16-03

Date

678-443-6775

Daytime Phone #

CR20034 (4/03)