

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

0119694
AT

DOCUMENT # **F95000003899**

07-28-2003 90144 017 ***550.00

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



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		4. FEI Number 59-3331913		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

CHECK HERE IF MAKING CHANGES

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 _____ (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		TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NOTERMANN, JOHN			NAME	HAGER, DARREL		
STREET ADDRESS	ONE RAVINIA DR STE 1500			STREET ADDRESS	ONE RAVINIA DR, STE. 1500		
CITY-ST-ZIP	ATLANTA GA 30346			CITY-ST-ZIP	ATLANTA, GA 30346		
TITLE	VS	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIELE, STEFANO M			NAME	MIELE, STEFANO M.		
STREET ADDRESS	ONE RAVINIA DR STE 1500			STREET ADDRESS	ONE RAVINIA DR, STE. 1500		
CITY-ST-ZIP	ATLANTA GA 30346			CITY-ST-ZIP	ATLANTA, GA 30346		
TITLE	VT	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GENTRY, BOYD P			NAME	MANGINE, JOHN		
STREET ADDRESS	ONE RAVINIA DR STE 1500			STREET ADDRESS	ONE RAVINIA DR, STE. 1500		
CITY-ST-ZIP	ATLANTA GA 30346			CITY-ST-ZIP	ATLANTA, GA 30346		
TITLE	VAS	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZUROVEC, DARRELL			NAME	TURNER, MICHAEL		
STREET ADDRESS	ONE RAVINIA DR STE 1500			STREET ADDRESS	ONE RAVINIA DR, STE. 1500		
CITY-ST-ZIP	ATLANTA GA 30346			CITY-ST-ZIP	ATLANTA, GA 30346		
TITLE	DVAT	<input checked="" type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MANZI, DARETTE			NAME	SIMS, WYNN G.		
STREET ADDRESS	ONE RAVINIA DRIVE; SUITE 1500			STREET ADDRESS	ONE RAVINIA DR, STE. 1500		
CITY-ST-ZIP	ATLANTA GA 30346			CITY-ST-ZIP	ATLANTA, GA 30346		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDREWS, TODD			NAME			
STREET ADDRESS	ONE RAVINIA DR STE 1500			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30346			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 Asst. Sec. 7-16-03 678-443-6775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)