

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003900 (6)

1. Corporation Name

MARINER HEALTH CARE OF INVERNESS, INC.



Principal Place of Business
475 BRIDGE ST.
GROTON CT 06340

Mailing Address
475 BRIDGE ST.
GROTON CT 06340

3. Date Incorporated or Qualified
08/11/1995

3a. Date of Last Report

2. Principal Place of Business

21 125 EUGENE O'NEILL DR
Suite, Apt. #, etc.

22 City & State

23 NEW LONDON CT

24 06320

25 Country

2a. Mailing Address

26 125 EUGENE O'NEILL DR
Suite, Apt. #, etc.

27 City & State

28 NEW LONDON, CT

29 06320

30 Country

4. FEI Number

APPLIED FOR 59-3331904

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the date)

(NOTE: Registered Agent's signature required when re-stating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
STRATTON, ARTHUR W R
CLIPPER POINT RD.
WEST MYSTIC CT 06388

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
STRATTON, NANCY L
CLIPPER POINT RD.
WEST MYSTIC CT 06388

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
STRATTON, NANCY L
CLIPPER POINT RD.
WEST MYSTIC CT 06388

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
KINELL, JEFFREY W
9 APPLEWOOD COMMON
EAST LYME CT 06333

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
GALLAGHER, JENNIFER B
28 SPRING ST.
NOANK CT 06340

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change ☐ Addition ☐

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change ☐ Addition ☐

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change ☐ Addition ☐

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change ☐ Addition ☐

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change ☐ Addition ☐

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY W. KINELL

4/15/96

860-701-2000

Date

Daytime Phone #

CR2E034 (12/95)