


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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. | | |



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|---|---|
| Principal Place of Business 125 EUGENE O'NEILL DR NEW LONDON CT 06320 US | Mailing Address 125 EUGENE O'NEILL DR NEW LONDON CT 06320 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 08/11/1995 | |
| 25 | | 30 | | 4. FEI Number 59-3331904 Applied For Not Applicable | |
| 25 | | 30 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 | | 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code FL | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRATTON, ARTHUR W R | 1.2 NAME | |
| STREET ADDRESS | CLIPPER POINT RD. | 1.3 STREET ADDRESS | 1881 Worcester Rd. |
| CITY-ST-ZIP | WEST MYSTIC CT 06388 | 1.4 CITY-ST-ZIP | Framingham, MA 01701 |
| TITLE | SD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRATTON, NANCY L | 2.2 NAME | |
| STREET ADDRESS | CLIPPER POINT RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST MYSTIC CT 06388 | 2.4 CITY-ST-ZIP | |
| TITLE | T | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HANSEN, DAVID N | 3.2 NAME | |
| STREET ADDRESS | 125 EUGENE ONEILL DR | 3.3 STREET ADDRESS | 1881 Worcester Rd. |
| CITY-ST-ZIP | NEW LONDON CT | 3.4 CITY-ST-ZIP | Framingham, MA 01701 |
| TITLE | V | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALLAGHER, JENNIFER B | 4.2 NAME | |
| STREET ADDRESS | 28 SPRING ST. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NOANK CT 06340 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Gilligan, Alison K |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 1881 Worcester Rd. |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Framingham, MA 01701 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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 amendment with an address.

SIGNATURE _____ David N Hansen, Jennifer B Gallagher (607) 701-7000

CR2E034 (10/97)