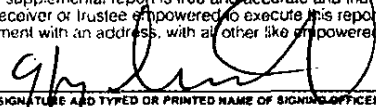


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 30 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003900					
1. Entity Name MARINER HEALTH CARE OF INVERNESS, INC.					
Principal Place of Business ONE RAVINIA DR STE 1500 ATLANTIC, GA 30346 US			Mailing Address ONE RAVINIA DR STE 1500 ATLANTIC, GA 30346 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. Suite 1250			Suite, Apt. #, etc. Suite 1250		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-3331904				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				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 fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRUNSTEIN, HARRY M 920 RIDGEBROOK RD SPARKS GLENCOE, MD 21152	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD One Ravinia Dr., Ste. 1250	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GENTRY, BOYD P ONE RAVINIA DR STE 1500 ATLANTIC, GA 30346	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Atlanta, GA 30346	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600076204246 06/14/06--01035--008 **13000.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2c 617	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 		1/30/06 678-443-7000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			