

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90062 001 *3,300.00

DOCUMENT # F95000003900

1. Entity Name

MARINER HEALTH CARE OF INVERNESS, INC.



Principal Place of Business

ONE RAVINIA DR
STE 1250
ATLANTIC, GA 30346 US

Mailing Address

ONE RAVINIA DR
STE 1250
ATLANTIC, GA 30346 US

66001352



2. Principal Place of Business - No P.O. Box #

One Ravinia Drive

Suite, Apt. #, etc.

Suite 1400

City & State

Atlanta, GA

Zip

30346

Country

USA

3. Mailing Address

One Ravinia Drive

Suite, Apt. #, etc.

Suite 1400

City & State

Atlanta, GA

Zip

30346

Country

USA

01172008

Chg-P

CR2E034 (12/06)

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME GRUNSTEIN, HARRY M
STREET ADDRESS ONE RAVINIA DR STE. 1250
CITY-ST-ZIP ATLANTIC, GA 30346

TITLE VPT ☒ Delete
NAME GENTRY, BOYD P
STREET ADDRESS ONE RAVINIA DR STE. 1250
CITY-ST-ZIP ATLANTIC, GA 30346

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME ONE RAVINIA DR., STE. 1400
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME EHRlich, DEVIN
STREET ADDRESS ONE RAVINIA DR., STE. 1400
CITY-ST-ZIP ATLANTA, GA 30346

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEVIN H EHRlich VP

2/5/08

Date

678-443-6772

Daytime Phone #