Jul 28, 2003 8:00 am Secretary of State

07-28-2003 90144 016 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F95000003900 **DOCUMENT #**

MARINER	R HEALTH CARE OF INVER	INESS, INC.							
Principal Plac ONE RAVINIA STE 1500	ce of Business A DR	Mailing Address ONE RAVINIA DR STE 1500				0.01.11.0.0			
ATLANTIC G	A 30346	ATLANTIC GA 30346			ļ	\$ 1000100 1000 (0.00) \$100 0001 0001 0001 0010 00100 00100 1010 0010 0010			
US		US							
2. Principal f	Place of Business	3. Mailing Address				a indisian itsa iktor ditsi dasit dotti datti d	Tell Mælmå 2003 (mil)	1 BELLI TELL 1881	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Sta	te .	City & State			4.	FEI Number 59-3331904		pplied For ot Applicable	
Zip	Country	Zip	Coun	try	-	Certificate of Status Desired	\$8.75 Ad		
	<u> </u>	<u> </u>	<u> </u>			<u> </u>	Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
4.				Name					
	PORATION SYSTEM UTH PINE ISLAND ROAD			Street Addre	ss (P.O. F	Box Number is Not Acceptable)			
u		ļ							
PLANTAT	10N FL 33324								
43	id _v e a			City		<u> </u>	Zip Cod	ie	
	named entity submits this statement for	or the purpose of changin	g its register	ed office or reg	stered ag	gent, or both, in the State of Florida. I a	am familiar with,	and accept	
).	nond or rogical out agonit							}	
SIGNATURE									
<i>p.</i>	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature rec	uired when r	reinstating) DAT	E		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State						S. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.		A	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE	D	🔀 Delete	TITLE	D			☐ Change	Addition	
NAME	ANDREWS, TODD		NAM	· /#	4 GER) DARREL AVINIA DR., STE. 150			
STREET ADDRESS	ONE RAVINIE DR, #1500					•		}	
CITY-ST-ZIP	ATLANTA GA 31346		CITY	-ST-ZIP A	LAN	M, BA 30346			
TITLE	VPS	☐ Delete	TITLE		~	~ 500 Al= 40	K Change	☐ Addition }	
NAME STREET ADDRESS	MIELE, STEFANO M ONE RIVINIA DR STE 1500		NAM	E	c da	STEFANO M. VINIA DR. STE. 1500	,	1	
CITY-ST-ZIP	ATLANTIC GA 30346					7A, GA 30346		Ì	
TITLE	VPT	Delete -		——————————————————————————————————————		/	Change	Addition .	
NAME	GENTRY, BOYD P		NAM	MA	NGIN	C, JOHN VINIA DR, STE. 1500	Charge	Auditon I.	
STREET ADDRESS	ONE RAVINIA DR STE 1500			ET ADDRESS ON	E RA	VINIA DR., STE. 1500		J	
CITY-ST-ZIP	ATLANTIC GA 30346		CITY	ST-ZIP A	TLAN	TA, 6A 30346		}	
TITLE	DVAT	🔀 Delete	TITLE	. 17		•	☐ Change	Addition	
NAME	MANZI, DANETTE		NAM	TV	RNER.	MICHAEL INIA DR. STE. 1500			
STREET ADDRESS	ONE RAVINIA DR STE 1500			ET ADDRESS ON	C K4V	THE DR.		}	
CITY-ST-ZIP	ATLANTIC GA 30346	, -		SI-ZIF A-1	LAN	TA, GA 30346			
TITLE	VAT	🗀 Delete	TITLE	ł			☐ Change	☐ Addition	
NAME STREET ADDRESS	STRAUB, WILLIAM C ONE RAVINIA DR., STE 1500		NAME	ET ADDRESS				}	
CITY-ST-ZIP	ATLANTA GA 30346			ST-ZIP				ĺ	
TITLE	AS	Delete						[] Addition	
NAME	SIMS, WYNN G	L_1 Delete	TITLE NAME	- (Change	☐ Addition	
STREET ADDRESS	ONE RAVINIA DR., STE 1500			ET ADDRESS				-	

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.

CITY-ST-ZIP

SIGNATURE:

ATLANTA GA 30346

CITY-ST-ZIP