

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2000 8:00 am**  
**Secretary of State**  
 08-25-2000 90003 015 \*\*\*550.00

**DOCUMENT # F95000003901**

1. Entity Name  
**MARINER HEALTH CARE OF METROWEST, INC.**

Principal Place of Business Mailing Address  
 ONE RAVINIA DR  
 STE 1500  
 ATLANTIC GA 30346  
 ONE RAVINIA DR  
 STE 1500  
 ATLANTIC GA 30346-2115  
 US

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State **Atlanta** City & State **Atlanta**  
 Zip Country Zip Country

4. FEI Number **59-3331905** 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	ONE RAVINIA DR STE 1500		STREET ADDRESS	One Ravinia Dr, #1500	
CITY-ST-ZIP	ATLANTIC GA 30364		CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIELE, STEFANO M		NAME		
STREET ADDRESS	ONE RAVINIA DR STE 1500		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC GA 30346		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, BOYD P		NAME		
STREET ADDRESS	ONE RIVINIA DR STE 1500		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC GA 30346		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTLE, SUSAN T		NAME		
STREET ADDRESS	ONE RIVINIA DR STE 1500		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC GA 30346		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, GEORGE		NAME		
STREET ADDRESS	ONE RIVINIA DR STE 1500		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC GA 30346		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Stefano M. Miele **8/15/00** **678-443-6704**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)