

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90089 011 ***150.00

DOCUMENT # F95000003901

1. Entity Name

MARINER HEALTH CARE OF METROWEST, INC.

Principal Place of Business

**ONE RAVINIA DR
STE 1500
ATLANTA GA 30346
US**

Mailing Address

**ONE RAVINIA DR
STE 1500
ATLANTA GA 30346
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

**C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	P	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, GEORGE D	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MIELE, STEFANO M	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GENTRY, BOYD P	
STREET ADDRESS	ONE RIVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITTLE, SUSAN T	
STREET ADDRESS	ONE RIVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, GEORGE	
STREET ADDRESS	ONE RIVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrews, Todd	
STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	DVAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manzi, Danette	
STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Notermann, John	
STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zurovec, Darrell	
STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	VAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Straub, William C.	
STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sims, Wynn G.	
STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	Atlanta, GA 30346	

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: *[Signature]* **Wynn G. Sims, Asst. Sec.**

1/8/02

678-443-6775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)