


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90057 039 ***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
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44004364



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

01062004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3331905	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAGER, DARREL			NAME			
STREET ADDRESS	ONE RAVINE DR STE 1500			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30346			CITY-ST-ZIP			
TITLE	S	<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	ATLANTA, 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	ATLANTA, GA 30346			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, MICHAEL			NAME			
STREET ADDRESS	ONE RIVINIA DR STE 1500			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30346			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOTERMANN, JOHN			NAME			
STREET ADDRESS	ONE RIVINIA DR STE 1500			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30346			CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZUROVEC, DARRELL			NAME			
STREET ADDRESS	ONE RAVINIA DR STE 1500			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30346			CITY-ST-ZIP			

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.

SIGNATURE:

Wynn G. Sims

Wynn G. Sims

1/21/04

678-443-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

Directors, Officers Report

Mariner Health Care of Metrowest, Inc.

795000003901
44004364

Friday, January 09, 2004

DIRECTORS

Steven S. Heinrichs **Director**
Home None given
Address:

Michael Turner **Director**
Home 2607 S. Woodland Blvd.
Address: #149
Deland, FL 32720

Darrell D. Zurovec **Director**
Home 1900 Mistywood Drive
Address: Austin, TX 78746

OFFICERS

Stefano M. Miele **Secretary**
Home Address: 325 Hunting View Court
Atlanta, GA 30328

Boyd P. Gentry **Vice President and Treasurer**
Home Address: 48 Northwood Avenue
Atlanta, GA 30309

William C. Straub **Vice President and Assistant Treasurer**
Home Address: 24523 Bay Hill Blvd.
Katy, TX 77494 USA

Darrell D. Zurovec **Vice President and Assistant Secretary**
Home Address: 1900 Mistywood Drive
Austin, TX 78746

Wynn G. Sims **Assistant Secretary**
Home Address: 629 Carriage Drive
Atlanta, GA 30328 USA