


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

000136

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90170 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # F95000003902

1. Corporation Name

MARINER HEALTH CARE OF MACCLENNY, INC.

Principal Place of Business

Mailing Address

125 EUGENE O'NEILL DR
NEW LONDON CT 06320
US

125 EUGENE O'NEILL DR
NEW LONDON CT 06320
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1995

4. FEI Number

59-3331909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 One Ravinia Drive

22 City & State

27 Suite 1500

23 Zip Country

28 Atlanta, GA
29 30346 **30** USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **STRATTON, ARTHUR W JR**
STREET ADDRESS **1881 WORCESTER RD**
CITY-ST-ZIP **FRAMINGHAM MA 01701**

1.1 TITLE **President** ☐ Change ☒ Addition
1.2 NAME **C. Christian Winkle**
1.3 STREET ADDRESS **One Ravinia Drive**
1.4 CITY-ST-ZIP **Atlanta, GA 30346**

TITLE **S** ☒ DELETE
NAME **GILLIGAN, ALISON K.**
STREET ADDRESS **125 EUGENE O'NEILL DR**
CITY-ST-ZIP **NEW LONDON CT 06320**

2.1 TITLE **Secretary** ☐ Change ☒ Addition
2.2 NAME **Stefano M. Miele**
2.3 STREET ADDRESS **One Ravinia Drive**
2.4 CITY-ST-ZIP **Atlanta, GA 30346**

TITLE **V** ☒ DELETE
NAME **GALLAGHER, JENNIFER B**
STREET ADDRESS **28 SPRING ST.**
CITY-ST-ZIP **NOANK CT 06340**

3.1 TITLE **Treasurer** ☐ Change ☒ Addition
3.2 NAME **Boyd P. Gentry**
3.3 STREET ADDRESS **One Ravinia Drive**
3.4 CITY-ST-ZIP **Atlanta, GA 30346**

TITLE **TD** ☒ DELETE
NAME **HANSEN, DAVID N**
STREET ADDRESS **1881 WORCESTER RD**
CITY-ST-ZIP **FRAMINGHAM MA 01701**

4.1 TITLE **Director** ☐ Change ☒ Addition
4.2 NAME **Susan Thomas Whittle**
4.3 STREET ADDRESS **One Ravinia Drive**
4.4 CITY-ST-ZIP **Atlanta, GA 30346**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **Director** ☐ Change ☒ Addition
5.2 NAME **George D. Morgan**
5.3 STREET ADDRESS **One Ravinia Drive**
5.4 CITY-ST-ZIP **Atlanta, GA 30346**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
STEFANO MIELE

4/26/99
Date

678-443-7000
Daytime Phone #

CR2E034 (11/98)