




# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-26-2004 90057 038 \*\*\*150.00

<b>DOCUMENT # F95000003902</b> 1. Entity Name <b>MARINER HEALTH CARE OF MACCLENNY, INC.</b>					
Principal Place of Business <b>ONE RAVINIA DRIVE SUITE 1500 ATLANTA, GA 30346 US</b>			Mailing Address <b>ONE RAVINIA DR STE 1500 ATLANTA, GA 30346 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
					
01062004      Chg-P      CR2E034 (10/03)					
4. FEI Number <b>59-3331909</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>MIELE, STEFANO M</b> <b>ONE RAVINIA DR</b> <b>ATLANTA, GA 30346</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>GENTRY, BOYD P</b> <b>ONE RAVINIA DR</b> <b>ATLANTA, GA 30346</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MANGINE, JOHN O</b> <b>ONE RAVINIA DR</b> <b>ATLANTA, GA 30346</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>NOTTERMAN, JOHN</b> <b>ONE RAVINIA DRIVE; SUITE 1500</b> <b>ATLANTA, GA 30346</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>TURNER, MICHAEL</b> <b>ONE RAVINIA DRIVE; SUITE 1500</b> <b>ATLANTA, GA 30346</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>HAGER, DARREL</b> <b>ONE RAVINIA DRIVE; SUITE 1500</b> <b>ATLANTA, GA 30346</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 		<b>Wynn G. Sims</b>		<b>1/21/04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

Attachment

**Directors, Officers Report**

**Mariner Health Care of MacClenny, Inc.**

F95000008902  
44004365

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