## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## DOCUMENT # F95000003902 06 MAY 30 PM 1:49 MARINER HEALTH CARE OF MACCLENNY, INC. LEGALTARY OF STATE Principal Place of Business Mailing Address ONE RAVINIA DRIVE ONE RAVINIA DR **SUITE 1500** STE 1500 ATLANTA, GA 30346 ATLANTA, GA 30346 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-P CR2E034 (11/05) Suite 1250 Swtc 1250 Applied For City & State City & State 4 EEI Number 59-3331909 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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\_ Signature typen or printen name of registered agent and site 4 applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE P5 D Change ☐ Addition ☐ Defete TIFLE GRUNSTEIN, HARRY M NAME NAME One Ravinia Dr., Ste. 1250 920 RIDGEBROOK RD STRUET ADDRESS STREET ADDRESS CHY-ST-ZIF SPARKS GLENCOE, MD 21152 CITY-ST-ZIP Atlanta GA 30346 ☐ Addition Defete TILLE Change TO: F SALAE GENTRY, BOYD P 600076203586 06/14/06--01036--008 \*\*13 ONE RAVINIA DR STREET ADDRESS STREET ADDRESS \*\*13000.00 CITY-ST-7:P ATLANTA, GA 30346 CITY-ST-ZEP HILE ☐ Delete DILE Change ☐ Addition NALSE NAME STREET ADDRESS STREET ADDRESS CGY-ST-ZIP CITY-ST-ZIP Collete III F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-ST-Z:P TOTLE Delete TITLE ☐ Change ☐ Addition DC 617 HALF NAME STREET ADDRESS STREET ADDRESS Cff 1 - 31 - 26 City-St-74 ☐ Celete ☐ Addition ME TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CRY ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that thy 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that myname appears in Block 10 or Block 11 if chapter 100 and true the proposition of the receiver of the proposition of the receiver of the proposition. of the corporation or the receiver or trustee employanged, or on an attachment with an address mpow

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