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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005519 (2)

1. Corporation Name
MARINER HEALTH GROUP, INC.



Principal Place of Business
125 EUGENE O'NEILL DRIVE
NEW LONDON CT 06320

Mailing Address
125 EUGENE O'NEILL DRIVE
NEW LONDON CT 06320-6410

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number
06-1251310

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0507 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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME STRATTON, ARTHUR W JR
STREET ADDRESS 125 EUGENE O'NEILL DRIVE
CITY-ST-ZIP NEW LONDON CT 06320

TITLE CFO
NAME KINELL, JEFFREY W
STREET ADDRESS 125 EUGENE O'NEILL DRIVE
CITY-ST-ZIP NEW LONDON CT

TITLE V
NAME GALLAGHER, JENNIFER B
STREET ADDRESS 125 EUGENE O'NEILL DRIVE
CITY-ST-ZIP NEW LONDON CT 06320

TITLE COO
NAME DEERING, LAWRENCE R
STREET ADDRESS 125 EUGENE O'NEILL DRIVE
CITY-ST-ZIP NEW LONDON CT 06320

TITLE D
NAME ROSENALT, JOHN F ESQUIRE
STREET ADDRESS 650 NORTH TAMiami TRAIL
CITY-ST-ZIP OSPREY FL 34229

TITLE D
NAME GRANT, CHRISTOPHER JR
STREET ADDRESS 4422 FORSYTHE PLACE
CITY-ST-ZIP NASHVILLE TN 37205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME HANSEN, DAVID N
2.3 STREET ADDRESS 125 EUGENE O'NEILL DR
2.4 CITY-ST-ZIP NEW LONDON, CT 06320

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

14. I do 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.

SIGNATURE:

[Handwritten Signature] TREASURER 8/10/97 2000 1/20/97

CR2E034 (9/96)