

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90003 014 ***550.00

DOCUMENT # F95000005519

1. Entity Name

MARINER HEALTH GROUP, INC.

Principal Place of Business

Mailing Address

.. EUGENE O'NEILL DRIVE
 .. LONDON CT 06320

ONE RAVINIA DR STE 1500
 ATLANTA GA 30346-2115

00001607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

One Ravinia Drive

Suite, Apt. #, etc.

Suite 1500

City & State

Atlanta, GA

Zip

30346

Country

Zip

Country

4. FEI Number

06-1251310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WINKLE, CHRISTIAN C	
STREET ADDRESS	ONE RAVINIA DRIVE	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, GEORGE D	
STREET ADDRESS	ONE RAVINIA DRIVE	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEPHANO, MIELE M	
STREET ADDRESS	ONE RAVINIA DRIVE	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITTLE, SUSAN	
STREET ADDRESS	650 NORTH TAMiami TRAIL	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George D. Morgan	
STREET ADDRESS	One Ravinia Dr., #1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stefano Miele	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stefano M. Miele **REQUIRED** *8/15/00* 678-4436704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)