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

05-04-1999 90170 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005525

1. Corporation Name
MARINER - REGENCY HEALTH PARTNERS, 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/13/1995

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 58-1686105	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STRATTON, ARTHUR W JR.MD 1881 WORCESTER RD FRAMINGHAM MA 01701	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P C. Christian Winkle One Ravinia Drive Atlanta, GA 30346
TITLE	S GILLIGAN, ALLISON K. 1881 WORCESTER RD FRAMINGHAM MA 01701	<input checked="" type="checkbox"/> DELETE	2.1 TITLE S Stefano M. Miele One Ravinia Drive Atlanta, GA 30346
TITLE	TD HANSEN, DAVID N 1881 WORCESTER RD FRAMINGHAM MA 01701	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T Boyd P. Gentry One Ravinia Drive Atlanta, GA 30346
TITLE	V GALLAGHER, JENNIFER 125 EUGENE O'NEILL DRIVE NEW LONDON CT 06320	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D Susan Thomas Whittle One Ravinia Drive Atlanta, GA 30346
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE D George D. Morgan One Ravinia Drive Atlanta, GA 30346
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>

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: Stefano Miele **4/26/99** **678-443-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)