

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005525

1. Entity Name

MARINER - REGENCY HEALTH PARTNERS, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90220 001 *2,100.00

24571



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1 RAVINIA DR STE 1500 ATLANTA GA 30346	Mailing Address ONE RAVINIA DR STE 1500 ATLANTA GA 30346 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 58-1686105	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
S MIELE, STEFANO M ONE RAVINIA DR ATLANTA GA 30346	
T GENTRY, BOYD P ONE RAVINIA DR ATLANTA GA 30346	<input type="checkbox"/> Delete
D MORGAN, GEORGE D ONE RAVINIA DR ATLANTA GA 30346	<input checked="" type="checkbox"/> Delete
P MARGAN, GEORGE 1 RAVINIA DR #1500 ATLANTA GA 30346	<input checked="" type="checkbox"/> Delete
D WHITTLE, SUSAN 1 RAVINIA DR #1500 ATLANTA GA 30346	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
and Vice President	
and Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Director and President David R. Wilson One Ravinia Dr., Suite 1500 Atlanta, GA 30346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Director, Vice Pres. & Asst. Treasurer Danette Manzi One Ravinia Dr., Suite 1500 Atlanta, GA 30346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice President John Notermann One Ravinia Dr., Suite 1500 Atlanta, GA 30346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Miele 1/29/01 678-443-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)