

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000005790 (9)

1. Corporation Name

MARINER HEALTH OF SEMINOLE COUNTY, INC.



Principal Place of Business

Mailing Address

125 EUGENE O'NEILL DR
NEW LONDON CT 06320

125 EUGENE O'NEILL DR.
NEW LONDON CT 06320

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1995

4. FEI Number

06-1441718

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD
NAME STRATTON JR., ARTHUR W
STREET ADDRESS 125 EUGENE O'NEILL DR.
CITY-ST-ZIP NEW LONDON CT ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1881 Worcester Rd.
1.4 CITY-ST-ZIP Framingham, MA 01701 ☒ Change ☐ Addition

TITLE SD
NAME STRATTON, NANCY L
STREET ADDRESS 125 EUGENE O'NEILL DR.
CITY-ST-ZIP NEW LONDON CT ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME GALLAGHER, JENNIFER B
STREET ADDRESS 125 EUGENE O'NEILL DR.
CITY-ST-ZIP NEW LONDON CT ☐ DELETE

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

TITLE T
NAME HANSEN, DAVID N
STREET ADDRESS 125 EUGENE O'NEILL DR
CITY-ST-ZIP NEW LONDON CT ☐ DELETE

4.1 TITLE T.D.
4.2 NAME
4.3 STREET ADDRESS 1881 Worcester Rd.
4.4 CITY-ST-ZIP Framingham, MA 01701 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE S
5.2 NAME Gilligan, Alison K.
5.3 STREET ADDRESS 125 Eugene O'Neill Dr.
5.4 CITY-ST-ZIP New London, CT 06320 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

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.

SIGNATURE David N Hansen 11/1/98 (617) 701-2000

CR2E034 (10/97)