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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005790

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 One Ravinia Drive

26 One Ravinia Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1500

27 Suite 1500

City & State

City & State

23 Atlanta, GA

28 Atlanta, GA

Zip

Country

Zip

Country

24 30346

25 USA

29 30346

30 USA

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
STRATTON JR., ARTHUR W
1881 WORCESTER RD
FRAMINGHAM MA 01701** ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**P
C. Christian Winkle
One Ravinia Drive
Atlanta, GA 30346** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GILLIGAN, ALISON K.
125 EUGENE O'NEILL DR.
NEW LONDON CT 06320** ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**S
Stefano M. Miele
One Ravinia Drive
Atlanta, GA 30346** ☐ Change ☒ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**T
Boyd P. Gentry
One Ravinia Drive
Atlanta, GA 30346** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HANSEN, DAVID N
1881 WORCESTER RD
FRAMINGHAM MA 01701** ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**D
Susan Thomas Whittle
One Ravinia Drive
Atlanta, GA 30346** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**D
George D. Morgan
One Ravinia Drive
Atlanta, GA 30346** ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEFANO MIELE

4/26/99

Date

678-443-7000

Daytime Phone #

CR2E034 (11/98)