

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005790

1. Entity Name

MARINER HEALTH OF SEMINOLE COUNTY, INC.

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

02-02-2001 90220 001 *2,100.00

24568



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE RAVINIA DR STE 1500 ATLANTA GA 30346 US	Mailing Address ONE RAVINIA DR STE 1500 ATLANTA GA 30346 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	06-1441718	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	D, P
NAME	MORGAN, GEORGE D	NAME	David R. Wilson
STREET ADDRESS	ONE RAVINIA DR #1500	STREET ADDRESS	One Ravinia Dr, Suite 1500
CITY-ST-ZIP	ATLANTA GA 30346	CITY-ST-ZIP	Atlanta, GA 30346
TITLE	S	TITLE	and VP
NAME	MIELE, STEFANO M	NAME	
STREET ADDRESS	ONE RAVINIA DR	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30346	CITY-ST-ZIP	
TITLE	T	TITLE	and VP
NAME	GENTRY, BOYD P	NAME	
STREET ADDRESS	ONE RAVINIA DR	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30346	CITY-ST-ZIP	
TITLE	D	TITLE	D, VP and Asst. Treasurer
NAME	WHITTLE, SUSAN T	NAME	Danette Manzi
STREET ADDRESS	ONE RAVINIA DR	STREET ADDRESS	One Ravinia Dr, Suite 1500
CITY-ST-ZIP	ATLANTA GA 30346	CITY-ST-ZIP	Atlanta, GA 30346
TITLE	D	TITLE	VP
NAME	MORGAN, GEORGE D	NAME	John Notermann
STREET ADDRESS	ONE RAVINIA DR	STREET ADDRESS	One Ravinia Dr, Suite 1500
CITY-ST-ZIP	ATLANTA GA 30346	CITY-ST-ZIP	Atlanta, GA 30346
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Miele 1/29/01 678-443-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0446210

CR2E034 (10/00)