

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005792 (5)

1. Corporation Name

MARINER HEALTH - WINTER PARK MEDICAL GROUP, INC.



Principal Place of Business

125 EUGENE O'NEILL DR.
NEW LONDON CT 06320

Mailing Address

125 EUGENE O'NEILL DR.
NEW LONDON CT 06320

3. Date Incorporated or Qualified

11/29/1995

3a. Date of Last Report

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 agent or legal representative of corporation

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	☐ DELETE
NAME	STRATTON JR, ARTHUR W	
STREET ADDRESS	125 EUGENE O'NEILL DR.	
CITY-STATE-ZIP	NEW LONDON CT	
TITLE	VSD	☐ DELETE
NAME	STRATTON, NANCY L	
STREET ADDRESS	125 EUGENE O'NEILL DR.	
CITY-STATE-ZIP	NEW LONDON CT	
TITLE	V	☐ DELETE
NAME	GALLAGHER, JENNIFER B	
STREET ADDRESS	125 EUGENE O'NEILL DR.	
CITY-STATE-ZIP	NEW LONDON CT	
TITLE	T	☐ DELETE
NAME	KINELL, JEFFREY W	
STREET ADDRESS	125 EUGENE O'NEILL DR.	
CITY-STATE-ZIP	NEW LONDON CT	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY W. KINELL

4/15/96

860-701-2000

Date

Daytime Phone #

CR2E034 (12/95)