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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90170 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001102

1. Corporation Name

MARINER HEALTH AT BONIFAY, 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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

06-1447760

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 One Ravinia Drive

Suite, Apt. #, etc.

27 Suite 1500

City & State

28 Atlanta, GA

29 Zip **30** Country

30346

USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STRATTON, ARTHUR W JR MD	
STREET ADDRESS	1881 WORCESTER RD	
CITY-ST-ZIP	FRAMINGHAM MA 01701	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, JENNIFER B	
STREET ADDRESS	125 EUGENE O'NEILL DR.	
CITY-ST-ZIP	NEW LONDON CT 06320	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, DAVID N	
STREET ADDRESS	1881 WORCESTER RD	
CITY-ST-ZIP	FRAMINGHAM MA 01701	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BURNETT, MARK H	
STREET ADDRESS	125 EUGENE O'NEILL DR.	
CITY-ST-ZIP	NEW LONDON CT 06320	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GILLIGAN, ALLISON	
STREET ADDRESS	125 EUGENE O'NEILL DR.	
CITY-ST-ZIP	NEW LONDON CT 06320	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Christian C. Winkle	
1.3 STREET ADDRESS	One Ravinia Drive	
1.4 CITY-ST-ZIP	Atlanta, Ga 30346	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Boyd P. Gentry	
2.3 STREET ADDRESS	One Ravinia Drive	
2.4 CITY-ST-ZIP	Atlanta, GA 30346	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stefano M. Miele	
3.3 STREET ADDRESS	One Ravinia Drive	
3.4 CITY-ST-ZIP	Atlanta, GA 30346	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Susan Thomas Whittle	
4.3 STREET ADDRESS	One Ravinia Drive	
4.4 CITY-ST-ZIP	Atlanta, GA 30346	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	George D. Morgan	
5.3 STREET ADDRESS	One Ravinia Drive	
5.4 CITY-ST-ZIP	Atlanta, GA 30346	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

STEFANO MIELE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

678-443-7000

Daytime Phone #

CR2E034 (1/198)