

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F96000001102****1. Entity Name**  
**MARINER HEALTH AT BONIFAY, INC.****FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90250 001 \*1,200.00

**Principal Place of Business****1 RAVINIA DRIVE**  
**SUITE 1500**  
**ATLANTA GA 30346****Mailing Address****ONE RAVINIA DR**  
**STE 1500**  
**ATLANTA GA 30346**  
**US****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number** **06-1447760**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$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**

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

(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) ☐**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.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>MORGAN, GEORGE D</b>	
<b>STREET ADDRESS</b>	<b>ONE RAVINIA DRIVE #1500</b>	
<b>CITY-ST-ZIP</b>	<b>ATLANTA GA 30346</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MIELE, STEFANO M</b>	
<b>STREET ADDRESS</b>	<b>ONE RAVINIA DR</b>	
<b>CITY-ST-ZIP</b>	<b>ATLANTA GA 30346</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>WHITTLE, SUSAN T</b>	
<b>STREET ADDRESS</b>	<b>ONE RAVINIA DR</b>	
<b>CITY-ST-ZIP</b>	<b>ATLANT GA 30346</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>MORGAN, GEORGE D</b>	
<b>STREET ADDRESS</b>	<b>ONE RAVINIA DR</b>	
<b>CITY-ST-ZIP</b>	<b>ATLANTA GA 30346</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GENTRY, BOYD P</b>	
<b>STREET ADDRESS</b>	<b>ONE RAVINIA DR</b>	
<b>CITY-ST-ZIP</b>	<b>ATLANT GA 30346</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>D + P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>David R. Wilson</b>	
<b>STREET ADDRESS</b>	<b>One Ravinia Dr., Suite 1500</b>	
<b>CITY-ST-ZIP</b>	<b>Atlanta, GA 30346</b>	
<b>TITLE</b>	<b>and VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>D, VP and Asst. Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Danette Manzi</b>	
<b>STREET ADDRESS</b>	<b>One Ravinia Dr., Suite 1500</b>	
<b>CITY-ST-ZIP</b>	<b>Atlanta, GA 30346</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>John Notermann</b>	
<b>STREET ADDRESS</b>	<b>One Ravinia Dr., Suite 1500</b>	
<b>CITY-ST-ZIP</b>	<b>Atlanta, GA 30346</b>	
<b>TITLE</b>	<b>and VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stefano Miele

1/29/01

Date

678-443-7000

Daytime Phone #

CR2E034 (10/00)