

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90057 034 \*\*\*150.00

**DOCUMENT # F96000001102**

1. Entity Name  
**MARINER HEALTH AT BONIFAY, INC.**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**06-1447760**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAGER, DARREL ONE RAVINIA DRIVE #1500 ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIELE, STEFANO M ONE RAVINIA DR ATLANTA, GA 30346	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGINE, JOHN O ONE RAVINIA DR., STE 1500 ATLANT, GA 30346	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOTERMANN, JOHN ONE RAVINIA DR., STE 1500 ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GENTRY, BOYD P ONE RAVINIA DR ATLANT, GA 30346	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIMS, WYNN G ONE RAVINIA DR., STE 1500 ATLANTA, GA 30346	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Wynn G. Sims*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wynn G. Sims

1/21/04  
Date

678-443-7000  
Daytime Phone #

F96000001102  
44004369

# Directors, Officers Report

## Mariner Health at Bonifay, Inc.

<b>Steven S. Heinrichs</b>	<b>Director</b>
Home	None given
Address:	

<b>Michael Turner</b>	<b>Director</b>
Home	2607 S. Woodland Blvd.
Address:	#149
	Deland, FL 32720

**Stefano M. Miele** **Secretary**  
Home Address: 325 Hunting View Court  
Atlanta, GA 30328

**William C. Straub** Vice President and Assistant Treasurer  
Home Address: 24523 Bay Hill Blvd.  
Katy, TX 77494 USA

**Wynn G. Sims** **Assistant Secretary**  
Home Address: 629 Carriage Drive  
Atlanta, GA 30328 USA