


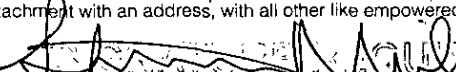
**FILED**

**Aug 25, 2000 8:00 am**  
**Secretary of State**

08-25-2000 90003 043 \*\*\*550.00

### 1. Entity Name

**MARINER HEALTH OF FLORIDA, INC.**

Principal Place of Business <b>RAVINIA DR 1500 GA 30346</b>		Mailing Address <b>ONE RAVINIA DR STE 1500 ATLANTA GA 30346-2115 US</b>		 <b>DO NOT WRITE IN THIS SPACE</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>06-1447762</b> <div style="float: right; border: 1px solid black; padding: 2px;">Applied For Not Applicable</div>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</div> <div style="border: 1px solid black; padding: 2px;">City <span style="float: right;"><b>FL</b> Zip Code</span></div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		
			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
11. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	
	P	WINKLE, CHRISTIAN C	ONE RAVINIA DR ATLANTA GA 30346		
	D	WHITTLE, SUSAN	ONE RAVINIA DR ATLANTA GA 30346	<input type="checkbox"/> Delete	
	T	GENTRY, BOYD P	ONE RAVINIA DR ATLANTA GA 30346	<input type="checkbox"/> Delete	
	D	MORGAN, GEORGE D	ONE RAVINIA DR ATLANTA GA 30346	<input type="checkbox"/> Delete	
	S	MIELE, STEFANO M	ONE RAVINIA DDR ATLANTA GA 30346	<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	President	George D. Morgan	One Ravinia Dr, #1500 Atlanta, GA 30346		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>Stefano M. Miele</b> 8/15/00 678-443-6704 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					