2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

01-26-2004 90057 046 ***150.00

DOCUMENT # F96000001108 MARINER HEALTH OF FLORIDA, INC. 44004337 Principal Place of Business Mailing Address ONE RAVINIA DR ONE RAVINIA DR STE 1500 STE 1500 ATLANTA, GA 30346 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 Applied For 06-1447762 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD TITLE ☐ Change Addition Delete HAGER, DARREL L NAME NAME STREET ADDRESS ONE RAVINIA DR #1500 STREET ADDRESS ATLANTA, GA 30346 CITY-ST-ZIP CITY - ST - 7IP TITLE Change ■ Addition TITLE 💢 Delete MANGINE, JOHN O NAME NAME ONE RAVINIA DR 1500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30346 CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition GENTRY, BOYD P NAME NAME ONE RAVINIA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ATLANTA, GA 30346 Delete TITLE ☐ Change Addition TITLE NOTERMANN, JOHN NAME NAME ONE RAVINIA DR 1500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30346 ☐ Delete ☐ Change ☐ Addition NAME MIELE, STEFANO M NAME ONE RAVINIA DDR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30346 TITLE ☐ Delete TITLE Change Addition ZUROVEC, DARRELL NAMÉ NAME ONE RAVINIA DR STE 1500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30346 CITY-ST-ZIP

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 tine 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.

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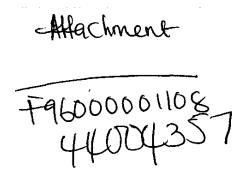
Am SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wynn G. Sims

678-443-7000

Directors, Officers Report

Mariner Health of Florida, Inc.



Friday, January 09, 2004

DIRECTORS

Steven S. Heinrichs

Director

Home

Address:

None given

Darrell D. Zurovec

Director

Home

1900 Mistywood Drive

Austin, TX 78746 Address:

Michael Turner

Director

Home

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Address: #149

Deland, FL 32720

OFFICERS

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Secretary

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Boyd P. Gentry

Vice President and Treasurer

Home Address:

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Vice President and Assistant Treasurer

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