

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90062 001 *3,300.00

DOCUMENT # F96000001108

1. Entity Name
MARINER HEALTH OF FLORIDA, INC.



Principal Place of Business
ONE RAVINIA DR
STE 1250
ATLANTA, GA 30346 US

Mailing Address
ONE RAVINIA DR
STE 1250
ATLANTA, GA 30346 US

66001342



2. Principal Place of Business - No P.O. Box #

One Ravinia Drive
Suite, Apt. #, etc.
Suite 1400

3. Mailing Address

One Ravinia Drive
Suite, Apt. #, etc.
Suite 1400

01172008 Chg-P CR2E034 (12/06)

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30346

Country

USA

Zip

30346

Country

USA

4. FEI Number
06-1447762

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. 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, 2008 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
VT
GENTRY, BOYD P
ONE RAVINIA DR STE. 1250
ATLANTA, GA 30346 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
GRUNSTEIN, HARRY M
ONE RAVINIA DR STE. 1250
ATLANTA, GA 30346 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
EHRlich, DEVIN
ONE RAVINIA DR., STE. 1400
ATLANTA, GA 30346 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
ONE RAVINIA DR., STE. 1400

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEVIN M EHRlich

2/15/08

678-443-6772