

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001108

1. Entity Name

MARINER HEALTH OF FLORIDA, INC.



FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90144 014 ***550.00

019679 AT

Principal Place of Business
ONE RAVINIA DR
STE 1500
ATLANTA GA 30346
US

Mailing Address
ONE RAVINIA DR
STE 1500
ATLANTA GA 30346
US



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☒ CHECK HERE IF MAKING CHANGES

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, TODD	
STREET ADDRESS	ONE RAVINIA DR #1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	DVAT	<input checked="" type="checkbox"/> Delete
NAME	MANZI, DANETTE	
STREET ADDRESS	ONE RAVINIA DR 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	T	<input type="checkbox"/> Delete
NAME	GENTRY, BOYD P	
STREET ADDRESS	ONE RAVINIA DR	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	V	<input type="checkbox"/> Delete
NAME	NOTERMANN, JOHN	
STREET ADDRESS	ONE RAVINIA DR 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	S	<input type="checkbox"/> Delete
NAME	MIELE, STEFANO M	
STREET ADDRESS	ONE RAVINIA DDR	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	ZUROVEC, DARRELL	
STREET ADDRESS	ONE RAVINIA DR STE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGER, DARREL L.	
STREET ADDRESS	ONE RAVINIA DR, STE. 1500	
CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANGINE, JOHN O.	
STREET ADDRESS	ONE RAVINIA DR, STE. 1500	
CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, MICHAEL	
STREET ADDRESS	ONE RAVINIA DR, STE. 1500	
CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMS, WYNN G.	
STREET ADDRESS	ONE RAVINIA DR, STE. 1500	
CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: W. SIMS, ASST. SEC. 7-7-03 678-443-6715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)