

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001718 (3)

1. Corporation Name

MARINER HEALTH CARE OF NASHVILLE, INC.

Principal Place of Business

125 EUGENE O'NEILL DR  
NEW LONDON CT 06320

Mailing Address

125 EUGENE O'NEILL DR  
NEW LONDON CT 06320-6410



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number -APPLIED FOR 58-2238489		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATTON, ARTHUR W JR	1.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT 06320	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATTON, NANCY L	2.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT 06320	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINELL, JEFFREY W	3.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT 06320	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, JENNIGER B	4.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT 06320	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, MARK H	5.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT 06320	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIGAN, ALISON	6.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT 06320	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

*David N Hansen* TREASURER 4/30/97 840-701-2000

CR2E034 (9/96)