
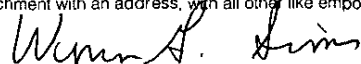


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90057 048 ***150.00

44004355

DOCUMENT # F96000004603					
1. Entity Name MARINER HEALTH OF ORLANDO, INC.					
Principal Place of Business ONE RAVINIA DR STE 1500 ATLANTA, GA 30346			Mailing Address ONE RAVINIA DR STE 1500 ATLANTA, GA 30346 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 06-1462467	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HAGER, DARREL ONE RAVINIA DR STE 1500 ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GENTRY, BOYD P ONE RAVINIA DR ATLANTA, GA 30346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MIELE, STEFANO M ONE RAVINIA DR ATLANTA, GA 30346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NOTERMANN, JOHN ONE RAVINIA DR STE 1500 ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANGINE, JOHN O ONE RAVINIA DR STE 1500 ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS ZUROVEC, DARRELL ONE RAVINIA DR STE 1500 ATLANTA, GA 30346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		Wynn G. Sims		1/21/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				678-443-7000	

Attachment

Directors, Officers Report

Mariner Health of Orlando, Inc.

796000004603
44004355

Friday, January 09, 2004

DIRECTORS

Steven S. Heinrichs **Director**
Home None given
Address:

Darrell D. Zurovec **Director**
Home 1900 Mistywood Drive
Address: Austin, TX 78746

Michael Turner **Director**
Home 2607 S. Woodland Blvd.
Address: #149
 Deland, FL 32720

OFFICERS

Stefano M. Miele **Secretary**
Home Address: 325 Hunting View Court
 Atlanta, GA 30328

Boyd P. Gentry **Vice President and Treasurer**
Home Address: 48 Northwood Avenue
 Atlanta, GA 30309

William C. Straub **Vice President and Assistant Treasurer**
Home Address: 24523 Bay Hill Blvd.
 Katy, TX 77494 USA

Darrell D. Zurovec **Vice President and Assistant Secretary**
Home Address: 1900 Mistywood Drive
 Austin, TX 78746

Wynn G. Sims **Assistant Secretary**
Home Address: 629 Carriage Drive
 Atlanta, GA 30328 USA