

F96000004685

Document Number Only

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

000001345513  
09/12/96 -- 01021 -- 0.20  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Mariner Health of Gainesville, Inc.

☒ Profit

☐ NonProfit

☐ Limited Liability Co.

☒ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Reservation

☐ Photo Copies

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9-12

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:*

1. Mariner Health of Gainesville, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. applied for  
(FEI number, if applicable)
4. 9/05/96  
(Date of Incorporation)
5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156, F.S.))
7. 125 Eugene O'Neill Drive  
New London, CT 06320  
(Current mailing address)
8. To provide health care related services  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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9. Name and street address of Florida registered agent:


Name: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324  
(Zip Code)

10. Registered agent acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
(Registered agent's signature) (Officer)  
**MARK HENNESSEY**  
\_\_\_\_\_  
(Type Name and Title of Officer)  
**ASSISTANT SECRETARY**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Arthur W. Stratton, Jr., M.D.  
c/o Mariner Health Group, Inc.

Address: 125 Eugene O'Neill Drive  
New London, CT 06320

Director: Nancy L. Stratton  
c/o Mariner Health Group, Inc.

Address: 125 Eugene O'Neill Drive  
New London, CT 06320

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SECRETARY OF STATE

B. OFFICERS

President: Arthur W. Stratton, Jr., M.D.  
c/o Mariner Health Group, Inc.

Address: 125 Eugene O'Neill Drive  
New London, CT 06320

Vice President: Jennifer B. Gallagher  
c/o Mariner Health Group, Inc.

Address: 125 Eugene O'Neill Drive  
New London, CT 06320

Secretary: Nancy L. Stratton  
c/o Mariner Health Group, Inc.

Address: 125 Eugene O'Neill Drive  
New London, CT 06320

ITEM 12

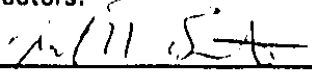
ADDITIONAL OFFICERS

Assistant Secretary: Mark H. Burnett  
Testa, Hurwitz & Thibault  
Address: High Street Tower  
125 High Street  
Boston, MA 02110

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Treasurer: Allison K. Gilligan  
c/o Mariner Health Group, Inc.  
Address: 125 Eugene O'Neill Drive  
New London, CT 06320

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Mark H. Burnett, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

*State of Delaware*  
*Office of the Secretary of State*

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PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARINER HEALTH OF GAINESVILLE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF SEPTEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 12 PM 1:08



*Edward J. Freel*

Edward J. Freel, Secretary of State

AUTHENTICATION

DATE

2661496 8300

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09-11-96