

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moriham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004685 (1)

1. Corporation Name

MARINER HEALTH OF GAINESVILLE, INC.

Principal Place of Business

125 EUGENE O'NEILL DRIVE
NEW LONDON CT 06320

Mailing Address

125 EUGENE O'NEILL DRIVE
NEW LONDON CT 06320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1996	
21		26		4. FEI Number 06-1462756	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
				30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATTON, ARTHUR W JR, MD	1.2 NAME	
STREET ADDRESS	% 125 EUGENE O'NEILL DRIVE	1.3 STREET ADDRESS	1881 Worcester Rd.
CITY - ST - ZIP	NEW LONDON CT 06320	1.4 CITY - ST - ZIP	Framingham, MA 01701
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATTON, NANCY L	2.2 NAME	
STREET ADDRESS	% 125 EUGENE O'NEILL DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW LONDON CT 06320	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, JENNIFER B	3.2 NAME	
STREET ADDRESS	% 125 EUGENE O'NEILL DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW LONDON CT 06320	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, MARK H	4.2 NAME	
STREET ADDRESS	TESTA, HERWITZ/ 125 HIGH ST/HIGH ST TOWER	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA 02110	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIGAN, ALISON K	5.2 NAME	
STREET ADDRESS	% 125 EUGENE O'NEILL DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW LONDON CT	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSEN, DAVID N	6.2 NAME	
STREET ADDRESS	135 EUGENE O'NEILL DR	6.3 STREET ADDRESS	1881 Worcester Rd.
CITY - ST - ZIP	NEW LONDON CT	6.4 CITY - ST - ZIP	Framingham, MA 01701

14. 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 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 4/14/98 (R) 201-2000

CR2E034 (10/97)