

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

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**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90216 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000004685**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 One Ravinia Drive		09/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 Suite 1500		06-1462756	
City & State		City & State		Applied For	
23		28 Atlanta, GA		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29 30346		30 USA	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
25		30		Yes 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	P
NAME	STRATTON, ARTHUR W JR,MD	1.2 NAME	C. Christian Winkle
STREET ADDRESS	1881 WORCESTER RD	1.3 STREET ADDRESS	One Ravinia Drive
CITY-ST-ZIP	FRAMINGHAM MA 01701	1.4 CITY-ST-ZIP	Atlanta, GA 30346
TITLE	V	2.1 TITLE	S
NAME	GALLAGHER, JENNIFER B	2.2 NAME	Stefano M. Miele
STREET ADDRESS	% 125 EUGENE O'NEILL DRIVE	2.3 STREET ADDRESS	One Ravinia Drive
CITY-ST-ZIP	NEW LONDON CT 06320	2.4 CITY-ST-ZIP	Atlanta, GA 30346
TITLE	AS	3.1 TITLE	T
NAME	BURNETT, MARK H	3.2 NAME	Boyd P. Gentry
STREET ADDRESS	TESTA, HERWITZ/ 125 HIGH ST/HIGH ST TOWER	3.3 STREET ADDRESS	One Ravinia Drive
CITY-ST-ZIP	BOSTON MA 02110	3.4 CITY-ST-ZIP	Atlanta, GA 30346
TITLE	A	4.1 TITLE	D
NAME	GILLIGAN, ALISON K	4.2 NAME	George D. Morgan
STREET ADDRESS	% 125 EUGENE O'NEILL DRIVE	4.3 STREET ADDRESS	One Ravinia Drive
CITY-ST-ZIP	NEW LONDON CT	4.4 CITY-ST-ZIP	Atlanta, GA 30346
TITLE	TD	5.1 TITLE	D
NAME	HANSEN, DAVID N	5.2 NAME	Susan Thomas Whittle
STREET ADDRESS	1881 WORCESTER RD	5.3 STREET ADDRESS	One Ravinia Drive
CITY-ST-ZIP	FRAMINGHAM MA 01701	5.4 CITY-ST-ZIP	Atlanta, GA 30346
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OF OFFICER OR DIRECTOR

STEFANO MIELE

4/26/99

Date

678-443-7000

Daytime Phone #

CR2E034 (1/1/98)