

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90081 013 \*\*\*150.00

**DOCUMENT # F96000004818**

**1. Entity Name**  
**MARINER HEALTH OF TAMPA, INC.**

**Principal Place of Business**

**1 RAVINIA DRIVE**  
**SUITE 1500**  
**ATLANTA GA 30346**

**Mailing Address**

**ONE RAVINIA DR**  
**STE 1500**  
**ATLANTA GA 30346**  
**US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **06-1463167**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WILSON, DAVID R	
STREET ADDRESS	ONE RAVINIA DR #1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MIELE, STEFANO M	
STREET ADDRESS	ONE RAVINIA DR	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	GENTRY, BOYD M	
STREET ADDRESS	ONE RAVINIA DR	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	MANZI, DANETTE	
STREET ADDRESS	ONE RAVINIA DR SUITE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOTERMANN, JOHN	
STREET ADDRESS	ONE RAVINIA DR SUITE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrews, Todd	
STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zurovec, Darvell	
STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	VAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Straub, William C.	
STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sims, Wynn G.	
STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Wynn G. Sims*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/8/02* *678-443-6775*  
 Date Daytime Phone #

CR2E034 (9/01)