

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 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999 ✓		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006853

1. Corporation Name
MARINER HEALTH RESOURCES, INC.



Principal Place of Business 125 EUGENE O'NEILL DR. NEW LONDON CT 06320	Mailing Address 125 EUGENE O'NEILL DR. NEW LONDON CT 06320
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 One Ravinia Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 1500
City & State 23	City & State 28 Atlanta, GA
Zip 24	Country 29 30346 30 USA

3. Date Incorporated or Qualified 12/30/1996	
4. FEI Number 04-0884000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STRATTON, ARTHUR W JR MD	
STREET ADDRESS	1881 WORCESTER RD	
CITY-ST-ZIP	FRAMINGHAM MA 01701	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GILLIGAN, ALISON K.	
STREET ADDRESS	125 EUGENE O'NEILL DR.	
CITY-ST-ZIP	NEW LONDON CT 06320	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, DAVID N	
STREET ADDRESS	1881 WORCESTER RD	
CITY-ST-ZIP	FRAMINGHAM MA 01701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	C. Christian Winkle	
1.3 STREET ADDRESS	One Ravinia Drive	
1.4 CITY-ST-ZIP	Atlanta, GA 30346	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stefano M. Miele	
2.3 STREET ADDRESS	One Ravinia Drive	
2.4 CITY-ST-ZIP	Atlanta, GA 30346	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Boyd P. Gentry	
3.3 STREET ADDRESS	One Ravinia Drive	
3.4 CITY-ST-ZIP	Atlanta, GA 30346	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Susan Thomas Whittle	
4.3 STREET ADDRESS	One Ravinia Drive	
4.4 CITY-ST-ZIP	Atlanta, GA 30346	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	George D. Morgan	
5.3 STREET ADDRESS	One Ravinia Drive	
5.4 CITY-ST-ZIP	Atlanta, GA 30346	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Stefano Miele 4/26/99 678-443-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)