

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000002315 (7)

1. Corporation Name

HEBREW REHABILITATION CENTER FOR AGED, INC.



Principal Place of Business

Mailing Address

1200 CTR ST  
BOSTON MA 02131-1097

1200 CTR ST  
BOSTON MA 02131-1011

3. Date Incorporated or Qualified  
05/07/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
04-2104298

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAPIRO, IRVING  
2425 PRESIDENTIAL WAY #1504  
W PALM BCH FL 33401

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 617.0502 and 617.1508, 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 617.0503, 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 DC  DELETE  
NAME SLIFKA, ALFRED A  
STREET ADDRESS 800 S ST  
CITY-ST-ZIP WALTHAM MA 02154

1.1 TITLE TD  Change  Addition  
1.2 NAME STEPHEN L. HOCHBERG  
1.3 STREET ADDRESS TOFIAS, FLEISHMAN, 205 BROADWAY  
1.4 CITY-ST-ZIP CAMBRIDGE, MA 02139

TITLE DC  DELETE  
NAME SHULKIN, MARTIN B  
STREET ADDRESS BURNS & LEVINSON, 125 SUMMER ST  
CITY-ST-ZIP BOSTON MA 02110-1624

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME KAROFKY, PAUL I  
STREET ADDRESS 370 COMMON ST  
CITY-ST-ZIP EDHAM MA 02026

3.1 TITLE YD  Change  Addition  
3.2 NAME ARNOLD H. ROSENBERG  
3.3 STREET ADDRESS 70 HICHBORN ST  
3.4 CITY-ST-ZIP BRIGHTON, MA 02135  
~~EDHAM, MA 02026~~

TITLE D  DELETE  
NAME DAVIS, FRANKLIN B  
STREET ADDRESS 3 FARM LN  
CITY-ST-ZIP GEORGETOWN MA 01833

4.1 TITLE VD  Change  Addition  
4.2 NAME MATTHEW WEISMAN  
4.3 STREET ADDRESS 135 HANSCOM DR.  
4.4 CITY-ST-ZIP BEDFORD, MA 01730

TITLE P  DELETE  
NAME MAY, MAURICE I  
STREET ADDRESS 1200 CTR ST  
CITY-ST-ZIP BOSTON MA 02131

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V  DELETE  
NAME LEVITT, EDWARD M  
STREET ADDRESS 1 WASHINGTON ST #404  
CITY-ST-ZIP WELLESLEY MA 02181

6.1 TITLE SD  Change  Addition  
6.2 NAME ANDREW I. GLINCHER  
6.3 STREET ADDRESS PEABODY + BROWN  
6.4 CITY-ST-ZIP 101 FEDERAL ST  
BOSTON, MA 02110

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Maurice I. May*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0074062

CP2E037 (9/96)