


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 30 1998 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F96000002315 (7)

1. Corporation Name
HEBREW REHABILITATION CENTER FOR AGED, INC.



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| Principal Place of Business 1200 CTR ST BOSTON MA 02131-1097 | Mailing Address 1200 CTR ST BOSTON MA 02131-1097 | 3. Date Incorporated or Qualified 05/07/1996 |
| | | 4. FEI Number 04-2104298 |
| | | Applied For <input type="checkbox"/> Not Applicable |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 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 |
| | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent SHAPIRO, IRVING 2425 PRESIDENTIAL WAY #1504 W PALM BCH FL 33401 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HOCHBERG, STEPHEN L. TOFIAS, FLEISHMAN, 205 BROADWAY CAMBRIDGE MA <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 02139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC SHULKIN, MARTIN B BURNS & LEVINSON, 125 SUMMER ST BOSTON MA 02110-1624 <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ROSENBERG, ARNOLD H. 70 HICHBORN ST BRIGHTON MA <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 02135 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WEISMAN, MATTHEW 135 HANSCOM DR BEDFORD MA <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILLIAM G. FINARD FINARD + CO. 3 BURLINGTON WOODS DR BURLINGTON, MA 01803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MAY, MAURICE I 1200 CTR ST BOSTON MA 02131 <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GLINCHER, ANDREW I PEABODY & BROWN, 101 FEDERAL ST BOSTON MA <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 02110 |

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

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date _____ Daytime Phone # 0077215

CR2E037 (10/97)