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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000002315

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

Principal Place of Business: 1200 CTR ST, BOSTON MA 02131-1097
 Mailing Address: 1200 CTR ST, BOSTON MA 02131-1097



21	2. Principal Place of Business	2a	2a. Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number	Applied For
22	City & State	27	City & State		04-2104298	Not Applicable
23	Zip	28	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country		<input type="checkbox"/>	
		30		6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCHBERG, STEPHEN L.	1.2 NAME	
STREET ADDRESS	TOFIAS, FLEISHMAN, 205 BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02139	1.4 CITY-ST-ZIP	
TITLE	DC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULKIN, MARTIN B	2.2 NAME	
STREET ADDRESS	BURNS & LEVINSON, 125 SUMMER ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02110-1624	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, ARNOLD H.	3.2 NAME	
STREET ADDRESS	70 HICHBORN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIGHTON MA 02135	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINARD, WILLIAM G	4.2 NAME	
STREET ADDRESS	FINARD & CO 3 BURLINGTON WOODS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON MA 01803	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, MAURICE I	5.2 NAME	
STREET ADDRESS	1200 CTR ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02131	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLINCHER, ANDREW I	6.2 NAME	
STREET ADDRESS	PEABODY & BROWN, 101 FEDERAL ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02110	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 617, 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: _____ DATE: 1/12/99 DAYTIME PHONE #: (617) 325-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)