

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90153 029 ****61.25

DOCUMENT # F96000002315

1. Entity Name

HEBREW REHABILITATION CENTER FOR AGED, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1200 CTR ST BOSTON MA 02131-1097	Mailing Address 1200 CTR ST BOSTON MA 02131-1097
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 04-2104298	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOCHBERG, STEPHEN L.	
STREET ADDRESS	TOFIAS, FLEISHMAN, 205 BROADWAY	
CITY-ST-ZIP	CAMBRIDGE MA 02139	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	SHULKIN, MARTIN B	
STREET ADDRESS	BURNS & LEVINSON, 125 SUMMER ST	
CITY-ST-ZIP	BOSTON MA 02110-1624	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROSENBERG, ARNOLD H.	
STREET ADDRESS	70 HICHBORN ST	
CITY-ST-ZIP	BRIGHTON MA 02135	
TITLE	V	<input type="checkbox"/> Delete
NAME	FINARD, WILLIAM G	
STREET ADDRESS	FINARD & CO 3 BURLINGTON WOODS DR	
CITY-ST-ZIP	BURLINGTON MA 01803	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAY, MAURICE I	
STREET ADDRESS	1200 CTR ST	
CITY-ST-ZIP	BOSTON MA 02131	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GLINCHER, ANDREW I	
STREET ADDRESS	PEABODY & BROWN, 101 FEDERAL ST	
CITY-ST-ZIP	BOSTON MA 02110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leo R. Breitman	
STREET ADDRESS	Fleet Bank 1 Federal St.	
CITY-ST-ZIP	Boston, MA 02110	
TITLE	DC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arnold H. Rosenberg	
STREET ADDRESS	70 Hichborn St.	
CITY-ST-ZIP	Brighton, MA 02135	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert M. Leavy	
STREET ADDRESS	Grant Thornton, 98 N. Washington St	
CITY-ST-ZIP	Boston, MA 02114	
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		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glincher, Andrew I.	
STREET ADDRESS	Nixon Peabody, LLP 101 Federal St.	
CITY-ST-ZIP	Boston, MA 02110	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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