

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90103 027 ****61.25

DOCUMENT # F96000002315

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 04-2104298		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
SHAPIRO, IRVING 2425 PRESIDENTIAL WAY #1504 W PALM BCH FL 33401				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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOCHBERG, STEPHEN L. TOFIAS, FLEISHMAN, 205 BROADWAY CAMBRIDGE MA 02139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEO R. BREITMAN FLEET BANK, 100 FEDERAL ST BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SHULKIN, MARTIN B BURNS & LEVINSON, 125 SUMMER ST BOSTON MA 02110-1624 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT M. LEAVY GRANT THORNTON 98 N. WASHINGTON ST BOSTON, MA 02114-2128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENBERG, ARNOLD H. 70 HICHBORN ST BRIGHTON MA 02135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINARD, WILLIAM G FINARD & CO 3 BURLINGTON WOODS DR BURLINGTON MA 01803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAY, MAURICE I 1200 CTR ST BOSTON MA 02131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEN FISHMAN 1200 CENTRE ST. BOSTON, MA 02131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLINCHER, ANDREW I PEABODY & BROWN, 101 FEDERAL ST BOSTON MA 02110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 PROVIDED 1/12/01 (617)363-8212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ARNOLD H. ROSENBERG** Daytime Phone #

CR2E037 (10/00)