2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2004
Secretary of State

DOCUMENT# F96000002315

Entity Name: HEBREW REHABILITATION CENTER FOR AGED, INC.

Current Principal Place of Business:

1200 CENTRE ST
BOSTON, MA 021311097

New Principal Place of Business:

Current Mailing Address:

1200 CENTRE ST
BOSTON, MA 021311097

New Mailing Address:

FEI Number: 04-2104298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VC ( ) Delete
Name: PARESKY, JOSEPH M
Address: 282 BEACON ST
City-St-Zip: BOSTON, MA 02116

Title: C ( ) Delete
Name: FINARD, WILLIAM G
Address: FINARD & CO 3 BURLINGTON WOODS DR
City-St-Zip: BURLINGTON, MA 01803

Title: VC ( ) Delete
Name: GLINCHER, ANDREW I
Address: PEABODY & BROWN, 101 FEDERAL ST
City-St-Zip: BOSTON, MA 02110

Title: T ( ) Delete
Name: LEAVY, ROBERT M C.P.A.
Address: 98 N.WASHINGTON ST.
City-St-Zip: BOSTON, MA 02114

Title: VC ( ) Delete
Name: BREITMAN, LEO PRESIDE
Address: FLEET BANK 100 FEDERAL ST
City-St-Zip: BOSTON, MA 02110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM G. FINARD C 10/22/2004

Electronic Signature of Signing Officer or Director Date