

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90056 042 ****61.25

DOCUMENT # F9600002315

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



Principal Place of Business
 1200 CENTRE ST
 BOSTON, MA 02131-1097

Mailing Address
 1200 CENTRE ST
 BOSTON, MA 02131-1097

50014458



2. Principal Place of Business		3. Mailing Address		01282005	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 04-2104298		
City & State		City & State		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VC	<input type="checkbox"/> Delete		TITLE	VC/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARESKY, JOSEPH M			NAME			
STREET ADDRESS	282 BEACON ST			STREET ADDRESS			
CITY-ST-ZIP	BOSTON, MA 02116			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE	C/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINARD, WILLIAM G			NAME			
STREET ADDRESS	FINARD & CO 3 BURLINGTON WOODS DR			STREET ADDRESS			
CITY-ST-ZIP	BURLINGTON, MA 01803			CITY-ST-ZIP			
TITLE	VC	<input type="checkbox"/> Delete		TITLE	VC/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLINCHER, ANDREW I			NAME	ANDREW I GLINCHER		
STREET ADDRESS	PEABODY & BROWN, 101 FEDERAL ST			STREET ADDRESS	NIXON PEABODY LLP		
CITY-ST-ZIP	BOSTON, MA 02110			CITY-ST-ZIP	100 SUMMER ST		
TITLE	T	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEAVY, ROBERT M C.P.A.			NAME	ROBERT M. LEAVY		
STREET ADDRESS	98 N. WASHINGTON ST.			STREET ADDRESS	GRANT THORNTON, 226 CAUSEWAY ST		
CITY-ST-ZIP	BOSTON, MA 02114			CITY-ST-ZIP	BOSTON, MA 02114		
TITLE	VC	<input type="checkbox"/> Delete		TITLE	VC/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREITMAN, LEO PRESIDE			NAME	LEO BREITMAN		
STREET ADDRESS	FLEET BANK 100 FEDERAL ST			STREET ADDRESS	58 DEAN RD		
CITY-ST-ZIP	BOSTON, MA 02110			CITY-ST-ZIP	WESTON, MA 02493		
TITLE		<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	LEN FISHMAN		
STREET ADDRESS				STREET ADDRESS	HEBREW SENIORLIFE, 1200 CENTRE ST		
CITY-ST-ZIP				CITY-ST-ZIP	BOSTON, MA 02131		

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: Len Fishman **Date:** 2/3/05 **Daytime Phone #:** 617 363-8211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR