


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90118 036 ****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 | | 4000- | |
| 2. Principal Place of Business | | 3. Mailing Address | | 01112006 Chg-NP CR2E037 (11/05) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 04-2104298 | |
| Zip | | Country | | Applied For Not Applicable | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | VC/D | <input type="checkbox"/> Delete | TITLE | 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/D | <input checked="" type="checkbox"/> Delete | TITLE | C/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FINARD, WILLIAM G | | NAME | Alan D. Solomont | |
| STREET ADDRESS | FINARD & CO 3 BURLINGTON WOODS DR | | STREET ADDRESS | Solomont Bailis LLC, one Gateway Ctr, | |
| CITY-ST-ZIP | BURLINGTON, MA 01803 | | CITY-ST-ZIP | Newton, MA 02458 | |
| TITLE | VC/D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GLINCHER, ANDREW I | | NAME | | |
| STREET ADDRESS | NIXON PEABODY LLP | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOSTON, MA 02110 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEAVY, ROBERT M | | NAME | | |
| STREET ADDRESS | GRANT THORNTON 226 CAUSEWAY ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOSTON, MA 02114 | | CITY-ST-ZIP | | |
| TITLE | VC/J | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRIETMAN, LEO | | NAME | | |
| STREET ADDRESS | 58 DEAN RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | WESTON, MA 02493 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISHMAN, LEN | | NAME | | |
| STREET ADDRESS | HEBREW SENIORLIFE, 1200 CENTRE ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOSTON, MA 02131 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Len Fishman</i> | | Date: 3/27/06 | | 617-343-8211 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LEN FISHMAN | | | | | |