

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002315

FILED
Mar 05, 2008
Secretary of State

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

Title: C/D () Delete
Name: SOLOMONT, ALAN D
Address: SOLOMONT BAILIS, ONE GATEWAY CTR.
City-St-Zip: NEWTON, MA 02458

Title: VC/D () Delete
Name: GLINCHER, ANDREW I
Address: NIXON PEABODY LLP
City-St-Zip: BOSTON, MA 02110

Title: D () Delete
Name: LEAVY, ROBERT M
Address: GRANT THORNTON 226 CAUSEWAY ST
City-St-Zip: BOSTON, MA 02114

Title: D () Delete
Name: BRIETMAN, LEO
Address: 58 DEAN RD
City-St-Zip: WESTON, MA 02493

Title: P () Delete
Name: FISHMAN, LEN
Address: HEBREW SENIORLIFE, 1200 CENTRE ST
City-St-Zip: BOSTON, MA 02131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC/D (X) Change () Addition
Name: ALPERIN, THOMAS M
Address: 72 ROCKPORT ROAD
City-St-Zip: WESTON, MA 02493

Title: C/D (X) Change () Addition
Name: SLIFKA, GILDA
Address: 1 COMMONWEALTH AVENUE
City-St-Zip: BOSTON, MA 02116

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

Title: D (X) Change () Addition
Name: LEVY, STEVEN D
Address: 20 TAMARACK ROAD
City-St-Zip: WESTON, MA 02493

Title: D (X) Change () Addition
Name: BRIETMAN, LEO
Address: 22 SUMMIT ROAD
City-St-Zip: BELMONT, MA 02478

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEN FISHMAN

_____ Electronic Signature of Signing Officer or Director

MR.

03/05/2008

_____ Date