

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000002315

FILED  
Jan 10, 2003  
Secretary of State

Entity Name: HEBREW REHABILITATION CENTER FOR AGED, INC.

**Current Principal Place of Business:**

1200 CTR ST  
BOSTON, MA 021311097

**New Principal Place of Business:**

1200 CENTRE ST  
BOSTON, MA 021311097

**Current Mailing Address:**

1200 CTR ST  
BOSTON, MA 021311097

**New Mailing Address:**

1200 CENTRE ST  
BOSTON, MA 021311097

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: C ( ) Delete  
Name: ROSENBERG, ARNOLD H.  
Address: 70 HICHBORN ST  
City-St-Zip: BRIGHTON, MA 02135

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

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

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

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

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

01/10/2003

Electronic Signature of Signing Officer or Director

Date