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FILED

May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30662

(1)

1. Corporation Name

~~THE STANDISH CARE COMPANY~~

Carematrix Corporation

Principal Place of Business

SIX NEW ENGLAND EXECUTIVE PARK
BURLINGTON MA 01803

Mailing Address

SIX NEW ENGLAND EXECUTIVE PARK
BURLINGTON MA 01803-3018



3. Date Incorporated or Qualified
08/23/1990

3a. Date of Last Report
06/04/1996

4. Principal Place of Business

21 197 First Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 197 First Ave
Suite, Apt. #, etc.

4. FEI Number
04-3069586

Applied For
Not Applicable

22 City & State

23 Needham MA

27 City & State

28 Needham MA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24 Zip

02194

Country

25

02194

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

100002210581

-06/12/97--01106-0305

***165.00

FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME DOYLE, MICHAEL J
STREET ADDRESS 100 RIDGE ST
CITY-ST-ZIP WINCHESTER MA

TITLE VS ☒ DELETE

NAME STERMAN, MARSHALL S
STREET ADDRESS 48 NEPTUNE STREET
CITY-ST-ZIP BEVERLY MA

TITLE P ☒ DELETE

NAME BRENNAN, MICHAEL
STREET ADDRESS 1 ROYAL CREST DR. #8
CITY-ST-ZIP NASHUA NH 03080

TITLE D ☒ DELETE

NAME DEVORE, ROBERT
STREET ADDRESS 45 QUARTERDECK LANE
CITY-ST-ZIP NEW CASTLE NH

TITLE VT ☒ DELETE

NAME MILES, KENNETH M
STREET ADDRESS 34 OLD STAGE RD
CITY-ST-ZIP CHELMSFORD MA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, EV, ☐ Change ☒ Addition

1.2 NAME Andrew D. Gosman
1.3 STREET ADDRESS 197 First Avenue
1.4 CITY-ST-ZIP Needham, MA 02194

2.1 TITLE PT ☐ Change ☒ Addition

2.2 NAME Robert M. Kaufman
2.3 STREET ADDRESS 197 First Avenue
2.4 CITY-ST-ZIP Needham MA 02194

3.1 TITLE US ☐ Change ☒ Addition

3.2 NAME James M. Clary, III
3.3 STREET ADDRESS 197 First Avenue
3.4 CITY-ST-ZIP Needham, MA 02194

4.1 TITLE EV ☐ Change ☒ Addition

4.2 NAME Michael M. Gosman
4.3 STREET ADDRESS 197 First Avenue
4.4 CITY-ST-ZIP Needham, MA 02194

5.1 TITLE CEO ☒ Change ☐ Addition

5.2 NAME Michael J. Doyle
5.3 STREET ADDRESS 197 First Avenue
5.4 CITY-ST-ZIP Needham, MA 02194

6.1 TITLE AS ☐ Change ☒ Addition

6.2 NAME Richard P. Zermani
6.3 STREET ADDRESS 197 First Avenue
6.4 CITY-ST-ZIP Needham, MA 02194

14. I do 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 annual report or supplemental annual 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE

Signature of Michael J. Doyle, Secretary of State

CR2E034 (9/96)