

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**  
 04-16-2002 90184 048 \*\*\*150.00

04/23/02 AI

**DOCUMENT # F01000001869**

**1. Entity Name**  
**MEDITRUST HEALTHCARE CORPORATION**

**Principal Place of Business**

**197 FIRST AVENUE  
 NEEDHAM MA 02494**

**Mailing Address**

**197 FIRST AVENUE  
 NEEDHAM MA 02494**

**2. Principal Place of Business**

**909 Hidden Ridge  
 Suite 600**

**3. Mailing Address**

**P.O. Box 2636**

**City & State**

**Irving TX**

**City & State**

**San Antonio TX**

**Zip**

**75038**

**Country**

**Zip**

**78249-2636**

**Country**

**4. FEI Number**

**04-3466469**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**

**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.**

**SIGNATURE**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

**10. Election Campaign Financing  
 Trust Fund Contribution.** ☐

**\$5.00 May Be  
 Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ Delete  
**NAME** **CASH, FRANCIS W**  
**STREET ADDRESS** **909 HIDDEN RIDGE, SUITE 600**  
**CITY-ST-ZIP** **IRVING TX 75038**

**TITLE** **COO** ☐ Delete  
**NAME** **BUSHEE, MICHAEL F**  
**STREET ADDRESS** **197 FIRST AVENUE**  
**CITY-ST-ZIP** **NEEDHAM MA 02494**

**TITLE** **T** ☐ Delete  
**NAME** **REA, DAVID L**  
**STREET ADDRESS** **909 HIDDEN RIDGE, SUITE 600**  
**CITY-ST-ZIP** **IRVING TX 75038**

**TITLE** **V** ☐ Delete  
**NAME** **PFAFF, DEBORA A**  
**STREET ADDRESS** **197 FIRST AVENUE**  
**CITY-ST-ZIP** **NEEDHAM MA 02494**

**TITLE** **T** ☒ Delete  
**NAME** **SCHMUTZ, JOHN F**  
**STREET ADDRESS** **909 HIDDEN RIDGE, SUITE 600**  
**CITY-ST-ZIP** **IRVING TX 75038**

**TITLE** **AS** ☐ Delete  
**NAME** **ARNONE, KATHRYN A**  
**STREET ADDRESS** **197 FIRST AVENUE**  
**CITY-ST-ZIP** **NEEDHAM MA 02494**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **Director** ☐ Change ☒ Addition  
**NAME** **Bushee, Michael F.**  
**STREET ADDRESS** **197 First Ave. Suite 300**  
**CITY-ST-ZIP** **Needham, MA 02494**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **Secretary** ☒ Change ☐ Addition  
**NAME** **Kathryn A. Arnone**  
**STREET ADDRESS** **197 First Ave. Suite 300**  
**CITY-ST-ZIP** **Needham, MA 02494**

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kathryn A Arnone-Secr.**

**Date**

**4/1/02**

**Daytime Phone #**

**781-433-6000**

CR2E034 (9/01)