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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

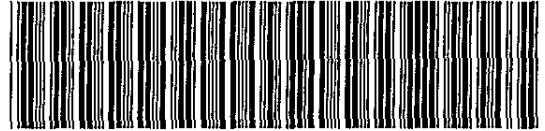
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/22/03--01052--001 \*\*78.75

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707. corp  
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✓✓

FILED  
SECRETARY OF STATE  
MONTANA  
04 FEB 18 PM 1:43

One Beacon Street  
Boston, Massachusetts 02108

Telephone 617-646-5400  
Facsimile 617-646-5454  
www.harborsidehealthcare.com



# HARBORSIDE Healthcare

VIA 2<sup>nd</sup> Day Airborne

December 18, 2003

State of Florida  
Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

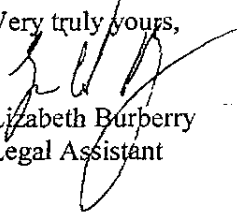
Re: 2003 Uniform Business Report (UBR) for Harborside Rehabilitation Limited Partnership

Dear Sir or Madam:

Enclosed please find the registration for Harborside Health I Corporation and the materials previously submitted to your office for completion of the UBR. I am also enclosing a check for \$78.75, the registration fee for a foreign corporation.

Should you have any questions, please contact me at 617-646-5655. Thank you.

Very truly yours,

  
Elizabeth Burberry  
Legal Assistant

cc:

lhb  
DOCUMENT51hb031tr

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Harborside Health I Corporation  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Wayne Craig  
(Name of Person)

Harborside Healthcare  
(Firm/Company)

One Beacon Street, 11th floor  
(Address)

Boston, MA 02108  
(City/State and Zip code)

For further information concerning this matter, please call:

Wayne Craig at (617) 646-5400  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 2, 2004

WAYNE CRAIG  
HARBORSIDE HEALTHCARE  
ONE BEACON STREET, 11TH FLOOR  
BOSTON, MA 02108

SUBJECT: HARBORSIDE HEALTH I CORPORATION  
Ref. Number: W04000000110

We have received your document for HARBORSIDE HEALTH I CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 404A00000143

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

**1. Harborside Health I Corporation**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. Delaware**

(State or country under the law of which it is incorporated)

**3. 51-0304578**

(FEI number, if applicable)

**4. 4/13/87**

(Date of incorporation)

**5. perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. 3/22/93 - mistakenly withdrawn on 4/8/02 (F93000001467), needs to be reinstated**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

**7. One Beacon Street, 11th Floor, Boston, MA 02108**

(Principal office address)

**One Beach Street, 11th Floor, Boston, MA 02108**

(Current mailing address)

**8. Singular purpose of being the general partner for Harborside Rehabilitation Limited Partnership**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(Zip code)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
H.F.U.

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Stephan L. Guillard ✓

Address: One Beacon Street, 11th Floor  
Boston, MA 02108

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Lars Haegg ✓

Address: One Beacon Street, 11th Floor  
Boston, MA 02108

Director: Bruce Tully

Address: One Beacon Street, 11th Floor  
Boston, MA 02108

**B. OFFICERS**

President: Stephen Guillard ✓

Address: One Beacon Street, 11th Floor  
Boston, MA 02108

Vice President: Damian Dell'Anno ✓

Address: One Beacon Street, 11th Floor  
Boston, MA 02108

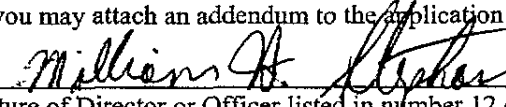
Secretary: William H. Stephan /

Address: One Beacon Street, 11th Floor, Boston, MA 02108

Treasurer: William H. Stephan /

Address: One Beacon Street, 11th Floor, Boston, MA 02108

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. William H. Stephan, Secretary  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "HARBORSIDE HEALTH I CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

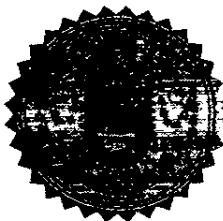
CERTIFICATE OF INCORPORATION, FILED THE THIRTEENTH DAY OF APRIL, A.D. 1987, AT 10 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "HARBOR HEALTH I CORPORATION" TO "HARBORSIDE HEALTH I CORPORATION", FILED THE THIRTEENTH DAY OF MAY, A.D. 1987, AT 10 O'CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE ELEVENTH DAY OF DECEMBER, A.D. 1989, AT 9 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HARBORSIDE HEALTH I CORPORATION" WAS INCORPORATED ON THE THIRTEENTH DAY OF



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

2123350 8310

AUTHENTICATION: 2801123

030793919

DATE: 12-10-03

# Delaware

PAGE 2

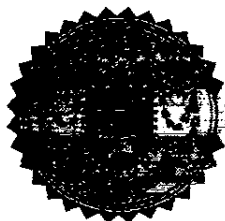
*The First State*

APRIL, A.D. 1987.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES  
HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE  
BEEN FILED TO DATE.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 FEB 18 PM 1:43



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

2123350 8310

AUTHENTICATION: 2801123

030793919

DATE: 12-10-03