

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90088 041 ***150.00

DOCUMENT # F93000001467

1. Corporation Name

HARBORSIDE HEALTH I CORPORATION

Principal Place of Business

**470 ATLANTIC AVENUE
BOSTON MA 02210**

Mailing Address

**470 ATLANTIC AVENUE
BOSTON MA 02210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1993

4. FEI Number

51-0304578

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 One Beacon Street

Suite, Apt. #, etc.

22 Suite 1100

City & State

23 Boston, MA 02108

Zip

Country

24

25

2a. Mailing Address

26 One Beacon Street

Suite, Apt. #, etc.

27 Suite 1100

City & State

28 Boston, MA 02108

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **KRUPP, DOUGLAS**
STREET ADDRESS **470 ATLANTIC AVENUE**
CITY-ST-ZIP **BOSTON MA 02210**

TITLE **P** ☐ DELETE
NAME **GUILLARD, STEPHEN L**
STREET ADDRESS **470 ATLANTIC AVENUE**
CITY-ST-ZIP **BOSTON MA 02210**

TITLE **VP** ☒ DELETE
NAME **KRUPP, DOUGLAS**
STREET ADDRESS **470 ATLANTIC AVENUE**
CITY-ST-ZIP **BOSTON MA**

TITLE **T** ☐ DELETE
NAME **STEPHAN, WILLIAM H**
STREET ADDRESS **470 ATLANTIC AVENUE**
CITY-ST-ZIP **BOSTON MA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Stephen Guillard**
1.3 STREET ADDRESS **One Beacon Street, Suite 1100**
1.4 CITY-ST-ZIP **Boston, MA 02108** ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME **One Beacon Street, Suite 1100**
2.3 STREET ADDRESS **Boston, MA 02108**
2.4 CITY-ST-ZIP

3.1 TITLE **VP** ☒ Change ☐ Addition
3.2 NAME **Bruce Beardsley**
3.3 STREET ADDRESS **One Beacon Street, Suite 1100**
3.4 CITY-ST-ZIP **Boston, MA 02108**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **One Beacon Street, Suite 1100**
4.4 CITY-ST-ZIP **Boston, MA 02108**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 receiver or trustee 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William H. Stephan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 1 1999

Date

Daytime Phone #

617-546-5400

CR2E034 (1/1/98)