

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # F93000003730 (9)

1. Corporation Name

LENOX HEALTHCARE, INC.

Principal Place of Business

2 SOUTH STREET
SUITE 360
PITTSFIELD MA 01201
US

Mailing Address

2 SOUTH STREET
SUITE 360
PITTSFIELD MA 01201
US

3. Date Incorporated or Qualified

08/16/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

04-3168703

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENS, JOHN E JR., ESQ
540 NORTHEAST FOURTH STREET
FT. LAUDERDALE FL 33301-1192

81. Name CT Corporation System

82. Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

83

84. City Plantation,

FL

85

Zip Code
33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Charles W. Meyer

CHARLES W. MEYER
SPECIAL ASST. SECRETARY

4/9/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	CLARKE, THOMAS M	44 CLYDESDALE DRIVE	PITTSFIELD MA	<input type="checkbox"/>
TSD	CLARKE, LINDA M	44 CLYDESDALE DRIVE	PITTSFIELD MA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2 Gaston Drive	Pittsfield, MA 01201	<input type="checkbox"/>
		2 Gaston Drive	Pittsfield, MA 01201	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Linda M. Clarke, Sec./Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

(413)448-2111

CR2E034 (12/95)