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

DOCUMENT # 1. Corporation Name

F93000003730 (9)

LENOX HEALTHCARE, INC.

FILED May 01 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address					I INDIION IIIN IDION IIIN BUIL DARI COHII U	B ari 30100 inak 1 0100 fala 30 0 i 03 1	
2 SOUTH STREET SUITE 360 PITTSFIELD MA 01201		2 South Steet Suite 360 Pittsfield Ma 01201	SUITE 360				
us		US			3. Date Incorporated or Qualified 3a. 08/16/1993	Date of Last Report 05/01/1995	
2. Principal Place of Business		2a. Mailing Address 26	. 1		4. FEI Number 04-3168703	Applied For Not Applicable	
Suite, Apt. #. etc.		Suite Apt #, etc	-4			\$8.75 Additional	
22		27	7		5. Certificate of Status Desired	Fee Required	
City & State		Oity & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees		
2ip	Country 25	2/ρ 29	Country 30		8. This corporation has liability for intangit Florida Statutes		
24	9. Name and Address of Curren		130		10. Name and Address of New Registe		
. 8				Name (CT Corporation System		
STEPHENS, JOHN E JR.,ESQ					address (P.O. Box Number is Not Acceptable)		
540 NO		82	Officery	1200 South Pine Island Rd.	·		
FT, LAU	IDERDALE FL 33301-1192		83				
			84	City	1	85 Zip Code	
11. Pursuant to	607.6500				lantation,	FL 33324	
or registere	ed agent, or both, in the State of Flori	ia. Shch char ge was authorized	d by the corp	oration's t	rporation submits this statement for the purpose o upard of directors. Thereby accept the appointmen	of changing its registered office in nt as registered agent. I am	
Tamiliar with, and accept the objigations of, Section 62 (0505 Florida Statutes.							
SIGNATURE _	Styriatine i tubed or printed many of registere in specifi	auarre tu y 10 (1971)	SPEC	HAL AS	SST. SECRETARY 7/2	14/ 14/ 11:	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
THILE	PD	DELETE	1 111116			Change Addition	
NAME	CLARKE, THOMAS M		1.2 NAME		0		
STREET ADDRESS	44 CLYDESDALE DRIVE PITTSFIELD MA		1	LADDRESS	2 Gaston Drive	,	
CITY-ST-ZiP	TSD	DELETE	14 CITY - 5 2 1 TITLE	SI-ZIP	Pittsfield, MA 01201	Change Addition	
NAME	CLARKE, LINDA M		2.2 NAM+			Onlings Addition	
STREE! ADDRESS	44 CLYDESDALE DRIVE		2.3 STREET ADDRESS		2 Gaston Drive		
CITY-ST-ZIP	PITTSFIELD MA		2.4 CiTy - 5	\$1- <i>2</i> 1P	Pittsfield, MA 01201		
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NAME			3.2 NAME	j		I	
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NAME		Occure	4.2 NAME			Changs Modified	
STREET ADDRESS				ADORESS			
City-St-ZiP			4.4 CITY - 1				
TITLE		☐ CELETE	5 1 TITLE			Change Addition	
NAME			5.2 NAME		200001200	nee	
STREET ADDRESS			53STAFE	FADDRESS	300001808 -05/06/9601013	-016	
CITY - ST - 2IP		D DELETE	5.4 CITY - 3	\$1-7.8	***200.00		
THILE		□ DELETE	6 117LE			Change And Len	
NAME STREET ADDRESS			6.2 NAME	LADINATION		/2/ 10	
CITY - ST - ZIP				LADDRESS		6 1 1K	
14 Ldo becets	cartify that the information our wholl	oth the function of water the function	64 CIFY 3	o national	the fact that expensive a stated in Section 110 07/21/2	1 Classica Statutes of Latines	

Ido hereby cartify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Forda Statutes further certify that the information indicated on this animal 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 it am an officer or director of the exposation or the receiver or trustee empowered to execute this report as required by Chapter 607, Forda Statutes and that my name appears in Block 12 or Block/13 if changed, or or an attachnight with an address.

GNATURE: Linda M. Clarke, Sec./Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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