

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90372 032 \*\*\*150.00

DOCUMENT # F94000004494

1. Entity Name \*

HEALTHDRIVE CORPORATION



Principal Place of Business

25 NEEDHAM STREET  
NEWTON MA 02461  
US

Mailing Address

25 NEEDHAM STREET  
NEWTON MA 02461  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

04-3052905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORER, JEFFREY L O.D.  
6338-57 LANTANA RD.  
LAKE WORTH, FL 33463

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when removing agent)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CROWE, MORGAN	
STREET ADDRESS	% HEALTHDRIVE CORP., 25 NEEDHAM ST.	
CITY-ST-ZIP	NEWTON MA 02461	
TITLE	D	<input type="checkbox"/> Delete
NAME	JARET, ALEC H DR.	
STREET ADDRESS	% HEALTHDRIVE CORP., 25 NEEDHAM ST.	
CITY-ST-ZIP	NEWTON MA 02461	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOLOVITZ, SHAI	
STREET ADDRESS	% HEALTHDRIVE CORP., 25 NEEDHAM ST.	
CITY-ST-ZIP	NEWTON MA 02461	
TITLE	D	<input type="checkbox"/> Delete
NAME	KORISH, SHIMON DR	
STREET ADDRESS	% HEALTHDRIVE CORP., 25 NEEDHAM ST.	
CITY-ST-ZIP	NEWTON MA 02461	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENYASHER, URI	
STREET ADDRESS	% HEALTHDRIVE CORP., 25 NEEDHAM ST.	
CITY-ST-ZIP	NEWTON MA 02461	
TITLE	V	<input type="checkbox"/> Delete
NAME	KAPLAN, MICHAEL R	
STREET ADDRESS	% HEALTHDRIVE CORP., 25 NEEDHAM ST.	
CITY-ST-ZIP	NEWTON MA 02461	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlap, Steven	
STREET ADDRESS	do Healthdrive Corp., 25 Needham St.	
CITY-ST-ZIP	Newton, MA 02461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael R. Kaplan*

Michael R. Kaplan

4/9/08

617-964-6681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone/Fax #