

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 8:58

DOCUMENT # F94000005427 (9)

1. Corporation Name

MEDITRUST OF FLORIDA, INC.

Principal Place of Business

197 FIRST AVENUE
NEEDHAM MA 02194

Mailing Address

197 FIRST AVENUE
NEEDHAM MA 02194

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FBI Number

04-2817951

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

BENSON, DAVID F

STREET ADDRESS

24 MIDDLETON ROAD

CITY- ST- ZIP

BOXFORD MA

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE

V

NAME

BUSHEE, MICHAEL F

STREET ADDRESS

37 MEADOW DRIVE

CITY- ST- ZIP

MIDDLETON MA

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE

VS

NAME

BENJAMIN, MICHAEL S

STREET ADDRESS

25 OLD ENGLAND ROAD

CITY- ST- ZIP

CHESTNUT HILL MA

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE

VT

NAME

PAVELKA, LISA M

STREET ADDRESS

5 THORNTON DRIVE

CITY- ST- ZIP

BURLINGTON MA

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

McAlister, Lisa P.

TITLE

CD

NAME

GOSMAN, ABRAHAM D

STREET ADDRESS

513 NORTH COUNTY ROAD

CITY- ST- ZIP

PALM BEACH FL

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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)(b), 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, as appropriate, or as an attachment with an address.

SIGNATURE:

Lisa P. McAlister
Lisa P. McAlister

2/1/95 617-433-6000