

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002456 (0)

1. Corporation Name

CCC LONG TERM HOSPITAL SERVICES, INC.

Principal Place of Business

197 FIRST AVE.
NEEDHAM MA 02194

Mailing Address

197 FIRST AVE.
NEEDHAM MA 02194



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

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

3. Date Incorporated or Qualified
05/19/1995

3a. Date of Last Report

4. FEI Number

APPLIED FOR

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

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 PD
NAME GOSMAN, ABRAHAM D
STREET ADDRESS 197 FIRST AVE.
CITY-ST-ZIP NEEDHAM MA 02194 ☐ DELETE

TITLE VS
NAME MANN, RICHARD S
STREET ADDRESS 197 FIRST AVE.
CITY-ST-ZIP NEEDHAM MA 02194 ☐ DELETE

TITLE AS
NAME BOHNEN, MICHAEL J
STREET ADDRESS 197 FIRST AVE.
CITY-ST-ZIP NEEDHAM MA 02194 ☐ DELETE

TITLE Y
NAME LEATHERS, FREDERICK R
STREET ADDRESS 197 FIRST AVE.
CITY-ST-ZIP NEEDHAM MA 02194 ☐ DELETE

TITLE V
NAME GOSMAN, ANDREW D
STREET ADDRESS 197 FIRST AVE.
CITY-ST-ZIP NEEDHAM MA 02194 ☐ DELETE

TITLE V
NAME KANTER, JOEL A
STREET ADDRESS 197 FIRST AVE.
CITY-ST-ZIP NEEDHAM MA 02194 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK LEATHERS

4-9-96

Date

617-433-1000

Daytime Phone #

CR2E034 (12/95)

4/2/96