

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F95000002456 (0)

1. Corporation Name

CCC LONG TERM HOSPITAL SERVICES, INC.



Principal Place of Business

Mailing Address

197 FIRST AVE.  
NEEDHAM MA 02194

197 FIRST AVE.  
NEEDHAM MA 02194

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1995

4. FEI Number

04-3308990

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 110 Cedar St  
Suite, Apt. #, etc.

22 Suite 90

City & State

23 Wellesley, MA

Zip

24 02181

Country

25 USA

2a. Mailing Address

26 110 Cedar St  
Suite, Apt. #, etc.

27 Suite 90

City & State

28 Wellesley, MA

Zip

29 02181

Country

30 USA

9. Name and Address of Current Registered Agent

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

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

(NOT: 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 S  
NAME CLARY, JAMES M III  
STREET ADDRESS 197 FIRST AVENUE  
CITY-ST-ZIP NEEDHAM MA ☐ DELETE

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

TITLE T  
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 ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 110 Cedar St  
4.4 CITY-ST-ZIP Wellesley, MA 02181

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

CR2E034 (10/97)