

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 07, 1998 8:00 am
Secretary of State

DOCUMENT # F95000006173 (7)

1. Corporation Name

CAREPLEX OF HOMESTEAD, 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

12/19/1995

4. FEI Number

04-3299469

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

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	EVPT	<input type="checkbox"/> DELETE
NAME	GOSMAN, ANDREW D	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KAUFARAN, ROBERT M	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOSMAN, MICHAEL M	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA	
TITLE	EV	<input checked="" type="checkbox"/> DELETE
NAME	KANTER, JOEL A	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02194	
TITLE	EVS	<input type="checkbox"/> DELETE
NAME	CLARY, JAMES M III	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02194	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	BENSON, MARC H	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	NEEDHAM, MA 02194	
2.1 TITLE	CEO/IT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KAUFMAN, ROBERT M	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	NEEDHAM, MA 02194	
3.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	NEEDHAM, MA 02194	
4.1 TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PAUL ZAYLOR	
4.3 STREET ADDRESS	197 FIRST AVE.	
4.4 CITY-ST-ZIP	NEEDHAM, MA 02194	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	NEEDHAM, MA 02194	

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: ✓

SIGNATURE REQUIRED
PAUL ZAYLOR

4/24/98

781-433-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000488

CR2E034 (10/97)