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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 13 1997 8:00am  
Secretary of State

DOCUMENT # F95000006327 (9)

1. Corporation Name  
CAREPLEX OF MIAMI SHORES, INC.

Principal Place of Business

197 1ST AVE  
NEEDHAM MA 02194

Mailing Address

197 1ST AVE  
NEEDHAM MA 02194-2812



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

g. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/29/1995

3a. Date of Last Report

04/25/1996

4. FEI Number

04-3299470

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 P ☒ DELETE

NAME MANN, RICHARD S  
STREET ADDRESS 197 1ST AVE  
CITY-ST-ZIP NEEDHAM MA 02194

TITLE TCOO ☐ DELETE

NAME GOSMAN, ANDREW D  
STREET ADDRESS 197 1ST AVE  
CITY-ST-ZIP NEEDHAM MA 02194

TITLE V ☐ DELETE

NAME GOSMAN, MICHAEL M  
STREET ADDRESS 197 1ST AVE  
CITY-ST-ZIP NEEDHAM MA 02194

TITLE V ☐ DELETE

NAME KANTER, JOEL A  
STREET ADDRESS 197 1ST AVE  
CITY-ST-ZIP NEEDHAM MA 02194

TITLE VS ☐ DELETE

NAME CLARY, JAMES M III  
STREET ADDRESS 197 1ST AVE  
CITY-ST-ZIP NEEDHAM MA 02194

TITLE V ☒ DELETE

NAME WILKOS, CRAIG J  
STREET ADDRESS 197 1ST AVE  
CITY-ST-ZIP NEEDHAM MA 02194

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Robert A Kaufman  
1.3 STREET ADDRESS 197 First Ave.  
1.4 CITY-ST-ZIP Needham, MA 02194

2.1 TITLE T, EV ☒ Change ☐ Addition

2.2 NAME Andrew D. Gorman  
2.3 STREET ADDRESS 197 1st Ave.  
2.4 CITY-ST-ZIP Needham MA 02194

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

4.4 CITY-ST-ZIP

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

Harold E. Nash III  
197 First Ave  
Needham, MA 02194

14. I do 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: James M. Clary III 4/18/97 (617) 433-1000

CR2E034 (9/96)