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FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1995

4. FEI Number

04-3299470 04-3299467

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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 ☐ DELETE

NAME KAUFMAN, ROBERT N
STREET ADDRESS 197 1ST AVE
CITY-ST-ZIP NEEDHAM MA

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME V NASH III, HAROLD E
STREET ADDRESS 197 1ST AVE
CITY-ST-ZIP NEEDHAM MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME CEO/T KAUFMAN, ROBERT M.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP NEEDHAM, MA 02194

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

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 197 FIRST AVE
NEEDHAM, MA 02194

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL ZAYLOR

4/28/98

781-433-1006

CR2E034 (10/97)