

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90048 039 ***150.00

DOCUMENT # F95000006327

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

04-3299467

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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	CEOT	<input checked="" type="checkbox"/> DELETE
NAME	KAUFMAN, ROBERT M	
STREET ADDRESS	197 1ST AVE	
CITY-ST-ZIP	NEEDHAM MA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOSMAN, ANDREW D	
STREET ADDRESS	197 1ST AVE	
CITY-ST-ZIP	NEEDHAM MA	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	GOSMAN, MICHAEL M	
STREET ADDRESS	197 1ST AVE	
CITY-ST-ZIP	NEEDHAM MA 02194	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZAYLOR, PAUL	
STREET ADDRESS	197 FIRST AVE	
CITY-ST-ZIP	NEEDHAM MA 02194	
TITLE	EVPS	<input checked="" type="checkbox"/> DELETE
NAME	CLARY, JAMES M III	
STREET ADDRESS	197 1ST AVE	
CITY-ST-ZIP	NEEDHAM MA 02194	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NASH III, HAROLD E	
STREET ADDRESS	197 1ST AVE	
CITY-ST-ZIP	NEEDHAM MA 02194	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ABRAHAM D. GOSMAN	
1.3 STREET ADDRESS	197 FIRST AVENUE	
1.4 CITY-ST-ZIP	NEEDHAM, MA 02494	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	02494	
3.1 TITLE	COO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MICHAEL J. ZALLARO	
3.3 STREET ADDRESS	197 FIRST AVE.	
3.4 CITY-ST-ZIP	NEEDHAM, MA 02494	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	02494	
5.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JEFFREY P. NETERVAL	
5.3 STREET ADDRESS	197 FIRST AVENUE	
5.4 CITY-ST-ZIP	NEEDHAM, MA 02494	
6.1 TITLE	P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARSH, BENSON	
6.3 STREET ADDRESS	197 FIRST AVENUE	
6.4 CITY-ST-ZIP	NEEDHAM, MA 02494	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/99

Daytime Phone #

781-433-1000

CR2E034 (11/98)