

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 18, 2000 8:00 am**
Secretary of State

05-18-2000 90308 033 ***150.00

DOCUMENT # F95000006327

1. Entity Name

CAREPLEX OF MIAMI SHORES, INC.

Principal Place of Business

Mailing Address

1ST AVE
MA 02194197 1ST AVE
NEEDHAM MA 02494-2812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3299467

Applied For

Not Applicable

Zip

Country

Zip

Country

02494

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
CEO	GOSMAN, ABRAHAM	197 1ST AVE	NEEDHAM MA 02494	<input type="checkbox"/>
D	GOSMAN, ANDREW D	197 1ST AVE	NEEDHAM MA 02494	<input type="checkbox"/>
COO	BALKLARO, MICHAEL J	197 1ST AVE	NEEDHAM MA 02194	<input checked="" type="checkbox"/>
V	ZAYLOR, PAUL	197 FIRST AVE	NEEDHAM MA 02194	<input type="checkbox"/>
EVPS	CLARY, JAMES M III	197 1ST AVE	NEEDHAM MA 02194	<input checked="" type="checkbox"/>
V	NASH III, HAROLD E	197 1ST AVE	NEEDHAM MA 02194	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	P ZACCARD, MICHAEL J.	197 FIRST AVENUE	NEEDHAM, MA 02494	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	VT			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	VS	CURRIE, DAVID B.	197 FIRST AVENUE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		NEEDHAM, MA 02494		<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00

Daytime Phone #

781-433-1000

CR2E034 (9/99)