

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

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 # F96000000388 (6)

1. Corporation Name

THE CAREPLEX GROUP, INC.



Principal Place of Business

197 FIRST AVENUE
NEEDHAM MA 02194

Mailing Address

197 FIRST AVENUE
NEEDHAM MA 02194-2812

3. Date Incorporated or Qualified

01/23/1996

3a. Date of Last Report

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

29

30

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	PT	<input type="checkbox"/> DELETE
NAME	GOSMAN, ANDREW D	
STREET ADDRESS	197 FIRST AVENUE	
CITY - ST - ZIP	NEEDHAM MA 02194	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOSMAN, MICHAEL M	
STREET ADDRESS	197 FIRST AVENUE	
CITY - ST - ZIP	NEEDHAM MA 02194	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KANTER, JOEL A	
STREET ADDRESS	197 FIRST AVENUE	
CITY - ST - ZIP	NEEDHAM MA 02194	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CLARY, JAMES M III	
STREET ADDRESS	197 FIRST AVENUE	
CITY - ST - ZIP	NEEDHAM MA 02194	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILKOS, CRAIG J	
STREET ADDRESS	197 FIRST AVENUE	
CITY - ST - ZIP	NEEDHAM MA 02194	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZACCARO, MICHAEL J	
STREET ADDRESS	197 FIRST AVENUE	
CITY - ST - ZIP	NEEDHAM MA 02194	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gosman, Andrew D	
1.3 STREET ADDRESS	197 First Avenue	
1.4 CITY - ST - ZIP	Needham, MA 02194	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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***165.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Clary, III 4/18/97

Date

617 433-1000
Daytime Phone # 0000433

CR2E034 (9/96)