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Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002315 (7)

1. Corporation Name

HEBREW REHABILITATION CENTER FOR AGED, INC.

Principal Place of Business

1200 CTR ST
BOSTON MA 02131-1097

Mailing Address

1200 CTR ST
BOSTON MA 02131-10113. Date Incorporated or Qualified
05/07/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

04-2104298

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

SHAPIRO, IRVING
2425 PRESIDENTIAL WAY #1504
W PALM BCH FL 33401

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☒ DELETE
NAME SLIFKA, ALFRED A
STREET ADDRESS 800 S ST
CITY-ST-ZIP WALTHAM MA 02154TITLE DC ☐ DELETE
NAME SHULKIN, MARTIN B
STREET ADDRESS BURNS & LEVINSON, 125 SUMMER ST
CITY-ST-ZIP BOSTON MA 02110-1624TITLE D ☒ DELETE
NAME KAROFKY, PAUL I
STREET ADDRESS 370 COMMON ST
CITY-ST-ZIP EDHAM MA 02026TITLE D ☒ DELETE
NAME DAVIS, FRANKLIN B
STREET ADDRESS 3 FARM LN
CITY-ST-ZIP GEORGETOWN MA 01833TITLE P ☐ DELETE
NAME MAY, MAURICE I
STREET ADDRESS 1200 CTR ST
CITY-ST-ZIP BOSTON MA 02131TITLE V ☒ DELETE
NAME LEVITT, EDWARD M
STREET ADDRESS 1 WASHINGTON ST #404
CITY-ST-ZIP WELLESLEY MA 021811.1 TITLE TD
1.2 NAME STEPHEN L. HOCHBERG
1.3 STREET ADDRESS TOFIAS, FLEISHMAN, 205 BROADWAY
1.4 CITY-ST-ZIP CAMBRIDGE, MA 021392.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ARNOLD H. ROSENBERG ☒ Change ☒ Addition
3.2 NAME 70 HICHBORN ST
3.3 STREET ADDRESS BRIGHTON, MA 02135
3.4 CITY-ST-ZIP EDHAM, MA 020264.1 TITLE V ☒ Change ☒ Addition
4.2 NAME MATTHEW WEISMAN
4.3 STREET ADDRESS 135 HANSCOM DR.
4.4 CITY-ST-ZIP BEDFORD, MA 017305.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE SD
6.2 NAME ANDREW I. GLINCHER
6.3 STREET ADDRESS PEABODY + BROWN
6.4 CITY-ST-ZIP 101 FEDERAL ST
BOSTON, MA 02110

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 617, 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

Date

Daytime Phone # 0074062

CP2E037 (9/96)