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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F96000002315

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 02131-1097



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/07/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
04-2104298

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

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 ☐ DELETE  
NAME TD  
STREET ADDRESS HOCHBERG, STEPHEN L.  
CITY-ST-ZIP TOFIAS, FLEISHMAN, 205 BROADWAY  
CAMBRIDGE MA 02139

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME DC  
STREET ADDRESS SHULKIN, MARTIN B  
CITY-ST-ZIP BURNS & LEVINSON, 125 SUMMER ST  
BOSTON MA 02110-1624

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME ROSENBERG, ARNOLD H.  
STREET ADDRESS 70 HICHBORN ST  
CITY-ST-ZIP BRIGHTON MA 02135

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS FINARD, WILLIAM G  
CITY-ST-ZIP FINARD & CO 3 BURLINGTON WOODS DR  
BURLINGTON MA 01803

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS MAY, MAURICE I  
CITY-ST-ZIP 1200 CTR ST  
BOSTON MA 02131

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS GLINCHER, ANDREW I  
CITY-ST-ZIP PEABODY & BROWN, 101 FEDERAL ST  
BOSTON MA 02110

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 617, 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

Daytime Phone #

CR2E037 (1/98)