

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90153 029 \*\*\*\*61.25

**DOCUMENT # F96000002315**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**04-2104298**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FILE NOW: FEE IS \$61.25****After September 13, 2000 min. will be \$236.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOCHBERG, STEPHEN L. TOFIAS, FLEISHMAN, 205 BROADWAY CAMBRIDGE MA 02139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SHULKIN, MARTIN B BURNS & LEVINSON, 125 SUMMER ST BOSTON MA 02110-1624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENBERG, ARNOLD H. 70 HICHBORN ST BRIGHTON MA 02135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINARD, WILLIAM G FINARD & CO 3 BURLINGTON WOODS DR BURLINGTON MA 01803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAY, MAURICE I 1200 CTR ST BOSTON MA 02131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLINCHER, ANDREW I PEABODY & BROWN, 101 FEDERAL ST BOSTON MA 02110	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Leo R. Breitman Fleet Bank 1 Federal St. Boston, MA 02110	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Arnold H. Rosenberg 70 Hichborn-St. Brighton, MA 02135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robert M. Leavy Grant Thornton, 98 N. Washington St Boston, MA 02114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Glincher, Andrew I. Nixon Peabody, LLP 101 Federal St. Boston, MA 02110	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #