FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 25, 2001 8:00 am Secretary of State DOCUMENT # F9600002315 1. Entity Name HEBREW REHABILITATION CENTER FOR AGED, INC. 01-25-2001 90103 027 ****61.25 Principal Place of Business Mailing Address 1200 CTR ST 1200 CTR ST BOSTON MA 02131-1097 BOSTON MA 02131-1097 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 04-2104298 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHAPIRO, IRVING 2425 PRESIDENTIAL WAY #1504 W PALM BCH FL 33401 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TREASURER Change Addition TITLE . Delete TITLE EO R. BREITMAN EET BANK, 100 FEBERALST HOCHBERG, STEPHEN L. NAME NAME TOFIAS, FLEISHMAN, 205 BROADWAY STREET ADDRESS STREET ADDRESS BOSTON, NA CITY-ST-ZIP CAMBRIDGE MA 02139 02/10 CITY-ST-ZIP VICE CHAIRMAN. DC ROBERT M. LEAVY GRANT THORNTON 98 N. WASHING TON ST Addition Delete TITLE TITLE SHULKIN, MARTIN B NÁME NAME BURNS & LEVINSON, 125 SUMMER ST STREET ADDRESS STREET ADDRESS 02114-2128 BOSTON, MA CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02110-1624** CHAIRMAN VD **E** Change ☐ Addition ☐ Delete TITLE ROSENBERG, ARNOLD H. NAME NAME 70 HICHBORN ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BRIGHTON MA 02135** CITY-ST-ZIP VICE CHAIRMAN Change ☐ Addition Delete TITLE TITLE FINARD, WILLIAM G NAME NAME FINARD & CO 3 BURLINGTON WOODS DR STREET ADDRESS STREET ADDRESS **BURLINGTON MA 01803** CITY-ST-ZIP CITY-ST-ZIP PRESIDENT Addition ☐ Change TITLE TITLE Delete LEN FISHMAN MAY, MAURICE I NAME NAME 1200 CENTRE ST. 1200 CTR ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 02131 CITY-ST-ZIP **BOSTON MA 02131** BOSTON MA ☐ Delete TITLE **C**hange ■ Addition TITLE VICE CHAIRMAN GLINCHER, ANDREW I NAMÉ NAME

12. It 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(SIGNATULA ERSOLIDES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ARNOLD H.

PEABODY & BROWN, 101 FEDERAL ST

BOSTON MA 02110

1/12/01 (617)363-85

CR2E037 (10/00