

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90056 042 ****61.25

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1. Entity Name
HEBREW REHABILITATION CENTER FOR AGED, INC.



Principal Place of Business
**1200 CENTRE ST
BOSTON, MA 02131-1097**

Mailing Address
**1200 CENTRE ST
BOSTON, MA 02131-1097**

50014458



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
04-2104298

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VC** ☐ Delete
NAME **PARESKY, JOSEPH M**
STREET ADDRESS **282 BEACON ST**
CITY-ST-ZIP **BOSTON, MA 02116**

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

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

TITLE **T** ☐ Delete
NAME **LEAVY, ROBERT M C.P.A.**
STREET ADDRESS **98 N. WASHINGTON ST.**
CITY-ST-ZIP **BOSTON, MA 02114**

TITLE **VC** ☐ Delete
NAME **BREITMAN, LEO PRESIDE**
STREET ADDRESS **FLEET BANK 100 FEDERAL ST**
CITY-ST-ZIP **BOSTON, MA 02110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VC/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VC/D** ☒ Change ☐ Addition
NAME **ANDREW I. GLINCHER**
STREET ADDRESS **NIXON PEABODY LLP**
CITY-ST-ZIP **100 SUMMER ST
BOSTON, MA 02110**

TITLE ☒ Change ☐ Addition
NAME **ROBERT M. LEAVY**
STREET ADDRESS **GRANT THORNTON, 226 CAUSEWAY ST**
CITY-ST-ZIP **BOSTON, MA 02114**

TITLE **VC/D** ☒ Change ☐ Addition
NAME **LEO BREITMAN**
STREET ADDRESS **58 DEAN RD**
CITY-ST-ZIP **WESTON, MA 02493**

TITLE ☐ Change ☒ Addition
NAME **LEN FISHMAN**
STREET ADDRESS **HEBREW SENIOR LIFE, 1200 CENTRE ST**
CITY-ST-ZIP **BOSTON, MA 02131**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/3/05 617
363-8211**