

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000002751 (3)

1. Corporation Name  
CAREMATRIX OF MASSACHUSETTS, INC.



Principal Place of Business

197 FIRST AVE.  
NEEDHAM MA 02194

Mailing Address

197 FIRST AVE.  
NEEDHAM MA 02194-2812

3. Date Incorporated or Qualified

06/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

000002188930

-05/22/97--01124-03165  
\*\*\*165.00 FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE	PTDC	<input type="checkbox"/> DELETE
NAME	GOSMAN, ANDREW D	
STREET ADDRESS	197 FIRST AVE.	
CITY - ST - ZIP	NEEDHAM MA 02194	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLARY, JAMES M III	
STREET ADDRESS	197 FIRST AVE.	
CITY - ST - ZIP	NEEDHAM MA 02194	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T, EV, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Andrew D. Gosman	
1.3 STREET ADDRESS	197 First Ave	
1.4 CITY - ST - ZIP	Needham, MA 02194	
2.1 TITLE	EV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael M. Gosman	
2.3 STREET ADDRESS	197 First Ave	
2.4 CITY - ST - ZIP	Needham, MA 02194	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert M. Kaufman	
3.3 STREET ADDRESS	197 First Ave	
3.4 CITY - ST - ZIP	Needham, MA 02194	
4.1 TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marc Benson	
4.3 STREET ADDRESS	197 First Ave	
4.4 CITY - ST - ZIP	Needham, MA 02194	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard P. Zermuni	
5.3 STREET ADDRESS	197 First Avenue	
5.4 CITY - ST - ZIP	Needham, MA 02194	
6.1 TITLE	EV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Harold G. Nash	
6.3 STREET ADDRESS	197 First Ave	
6.4 CITY - ST - ZIP	Needham, MA 02194	

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 607, 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

James M. Clary, III 4/12/97 (617) 433-1000  
Date Daytime Phone # 0000447

CR2E034 (9/96)