

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000004003 (7)

1. Corporation Name

PRISM HEALTH GROUP, INC.

Principal Place of Business

Mailing Address

695 ATLANTIC AVE., 11TH FL.
BOSTON MA 02111

695 ATLANTIC AVE., 11TH FL.
BOSTON MA 02111



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1996

4. FEI Number

04-3165074

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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	PTD	<input checked="" type="checkbox"/> DELETE
NAME	GARFINKLE, STEVEN W	
STREET ADDRESS	695 ATLANTIC AVE., 11TH FL.	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FREEDMAN, RICHARD S	
STREET ADDRESS	695 ATLANTIC AVE., 11TH FL.	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	FICHERA, RUSSELL J	
STREET ADDRESS	12 RIVERSIDE TERR.	
CITY-ST-ZIP	NORTH EASTON MA 02356	
TITLE	DCOO	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, THOMAS P	
STREET ADDRESS	16 VILLAGE HILL RD.	
CITY-ST-ZIP	DOVER MA 02030	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, MICHAEL J	
STREET ADDRESS	7 DANIEL CT.	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MONROE, STEPHEN P	
STREET ADDRESS	436 WEED ST.	
CITY-ST-ZIP	NEW CANAAN CT 06840	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stratton, Arthur W. Jr. M.D.	
1.3 STREET ADDRESS	1881 Worcester Rd.	
1.4 CITY-ST-ZIP	Framingham, MA 01701	
2.1 TITLE	T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hansen, David N.	
2.3 STREET ADDRESS	1881 Worcester Rd.	
2.4 CITY-ST-ZIP	Framingham, MA 01701	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gilligan, Alison K.	
3.3 STREET ADDRESS	125 Eugene O'Neill Dr.	
3.4 CITY-ST-ZIP	New London, CT 06320	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)