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pg. 1 of 2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

97 MAY 29 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006667 (7)

1. Corporation Name  
MEDITRUST ACQUISITION CORPORATION III



Principal Place of Business Mailing Address  
197 FIRST AVE 197 FIRST AVE  
NEEDHAM MA 02194 NEEDHAM MA 02194-2812

3. Date Incorporated or Qualified 12/19/1996	3a. Date of Last Report
4. FEI Number 04-3010239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 1801 HAYS STREET, SUITE 105 83 84 City TALLAHASSEE 85 Zip Code FL 32301
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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 Timothy J. O'Brien DATE 5/29/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BENSON, DAVID F 197 FIRST AVE NEEDHAM MA 02194 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D.C. ABRAHAM D. GOLDMAN 197 FIRST AVENUE NEEDHAM, MA 02194 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUSHEE, MICHAEL F 197 FIRST AVE NEEDHAM MA 02194 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	200002194722--9 -05/29/97--01061--012 ****165.00 ****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BENJAMIN, MICHAEL S 197 FIRST AVE NEEDHAM MA 02194 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	V.S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

4/13/97 (617)433-6000  
Date Daytime Phone

CR2E034 (9/96)

**Meditrust Corporate Officers**

1. Full Legal Name: David F. Benson  
Title: President and Treasurer  
Business Address: 197 First Avenue  
Needham Heights, MA 02194
2. Full Legal Name: Michael S. Benjamin  
Title: Senior Vice President, Secretary and Corporate Counsel  
Business Address: 197 First Avenue  
Needham Heights, MA 02194
3. Full Legal Name: Abraham D. Gosman  
Title: Chief Executive Officer and Chairman  
Business Address: 197 First Avenue  
Needham Heights, MA 02194
4. Full Legal Name: Michael F. Bushee  
Title: Chief Operating Officer  
Business Address: 197 First Avenue  
Needham Heights, MA 02194

**ADDITIONS:**

5. Full Legal Name: Laurie Tidor  
Title: Chief Financial Officer  
Business Address: 197 First Avenue  
Needham Heights, MA 02194
6. Full Legal Name: Stephen C. Mecke  
Title: Vice President of Development  
Business Address: 197 First Avenue  
Needham Heights, MA 02194
7. Full Legal Name: Debora A. Pfaff  
Title: Vice President of Operations  
Business Address: 197 First Avenue  
Needham Heights, MA 02194
8. Full Legal Name: Stephen H. Press  
Title: Vice President of Acquisitions  
Business Address: 197 First Avenue  
Needham Heights, MA 02194
9. Full Legal Name: John G. Dameritt  
Title: Controller  
Business Address: 197 First Avenue  
Needham Heights, MA 02194