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FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003883 (2)

1. Corporation Name

CAREMATRIX OF LAUDERHILL I, INC.



Principal Place of Business

197 FIRST AVENUE  
NEEDHAM MA 02194

Mailing Address

197 FIRST AVENUE  
NEEDHAM MA 02194

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

07/24/1997

4. FEI Number

APPLIED FOR 04-3380819

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0542 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, if applicable,

(If all Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVD  
GOSMAN, ANDREW  
197 FIRST AVENUE  
NEEDHAM MA 02194

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
KAUFMAN, ROBERT M  
197 FIRST AVENUE  
NEEDHAM MA 02194

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
DOYLE, MICHAEL J  
197 FIRST AVENUE  
NEEDHAM MA 02194

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EV  
GOSMAN, MICHAEL M  
197 FIRST AVENUE  
NEEDHAM MA 02194

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVS  
CLARY, JAMES M III  
197 FIRST AVENUE  
NEEDHAM MA 02194

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EV  
NASH, HAROLD E III  
197 FIRST AVENUE  
NEEDHAM MA 02194

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
P/D

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
CEO/T

☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
V  
PAUL ZAYLOR  
197 FIRST AVENUE  
NEEDHAM, MA 02194

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
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.

SIGNATURE: A P

PAUL ZAYLOR

4/21/98

781-453-1000

CR2E034 (10/97)