

DOCUMENT # F97000003886

CAREMATRIX OF PALM BEACH, INC.

197 FIRST AVENUE
NEEDHAM MA 02194

197 FIRST AVENUE
NEEDHAM MA 02494-2812

Suite, Apt. #, etc.

City & State

Country

02494

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	GOSMAN, ABRAHAM	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02494	

TITLE	V	<input type="checkbox"/> Delete
NAME	ZAYLOR, PAUL	
STREET ADDRESS	197 FIRST AVE	
CITY-ST-ZIP	NEEDHAM MA 02494	

TITLE	D	<input type="checkbox"/> Delete
NAME	GOSMAN, ANDREW D	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02494	

TITLE	C00	<input type="checkbox"/> Delete
NAME	BALLARO, MICHEAL	
STREET ADDRESS	197 FIRST AVENUE	
CITY - ST - ZIP	NEEDHAM MA 02194	

TITLE	VS	<input type="checkbox"/> Delete
NAME	NESTERVAL, JE4FFREY	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02194	

TITLE	EV	<input checked="" type="checkbox"/> Delete
NAME	NASH, HAROLD E III	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02194	

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZACCARO, MICHAEL		
STREET ADDRESS			
CITY-ST-ZIP	02494		

TITLE	<div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> <div> CURRIE, DAVID B. </div> <div> 02494 </div>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Da

Daytime Phone #