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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 # F97000004848 (4)

1. Corporation Name

CAREMATRIX OF LAUDERHILL II, 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

3. Date Incorporated or Qualified

09/17/1997

4. FEI Number

APPLIED FOR 04-3391406

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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	PD	<input type="checkbox"/> DELETE
NAME	GOSMAN, ANDREW D	
STREET ADDRESS	197 FIRST AVENUE	
CITY - ST - ZIP	NEEDHAM MA	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	KAUFMAN, ROBERT M	
STREET ADDRESS	197 FIRST AVENUE	
CITY - ST - ZIP	NEEDHAM MA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CLARY III, JAMES M	
STREET ADDRESS	197 FIRST AVENUE	
CITY - ST - ZIP	NEEDHAM MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NASH III, HAROLD E	
STREET ADDRESS	197 FIRST AVENUE	
CITY - ST - ZIP	NEEDHAM MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZACCARO, MICHAEL J	
STREET ADDRESS	197 FIRST AVENUE	
CITY - ST - ZIP	NEEDHAM MA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SHERMAN, JAMES F	
STREET ADDRESS	197 FIRST AVENUE	
CITY - ST - ZIP	NEEDHAM MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	NEEDHAM, MA 02194
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CEO/T
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	NEEDHAM, MA 02194
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EVP/S
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	NEEDHAM, MA 02194
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BVP
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	NEEDHAM, MA 02194
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EVP
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	NEEDHAM, MA 02194
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PAUL ZAYLOR
6.3 STREET ADDRESS	197 FIRST AVENUE
6.4 CITY - ST - ZIP	NEEDHAM, MA 02194

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:

PAUL ZAYLOR

4/21/98

781-433-1000

CR2E034 (10/97)