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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	

DOCUMENT # F97000004848

1. Corporation Name

CAREMATRIX OF LAUDERHILL II, INC.

Principal Place of Business	Mailing Address
197 FIRST AVENUE NEEDHAM MA 02194	197 FIRST AVENUE NEEDHAM MA 02194

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/17/1997

2. Principal Place of Business `21`	**2a. Mailing Address** `26`
Suite, Apt. #, etc. `22`	Suite, Apt. #, etc. `27`
City & State `23`	City & State `28`
Zip `24` Country `25`	Zip `29` Country `30`

4. FEI Number 04-3391406 — Applied For / Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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 _____ DATE _____

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 **PD** ☐ DELETE	1.1 TITLE *D*	☒ Change	☐ Addition
NAME GOSMAN, ANDREW D	1.2 NAME		
STREET ADDRESS 197 FIRST AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP NEEDHAM MA	1.4 CITY-ST-ZIP *02494*		
TITLE **CEOT** ☒ DELETE	2.1 TITLE *CEO*	☐ Change	☒ Addition
NAME KAUFMAN, ROBERT M	2.2 NAME *ABRAHAM D. GOSMAN*		
STREET ADDRESS 197. FIRST AVENUE	2.3 STREET ADDRESS *197 FIRST AVE*		
CITY-ST-ZIP NEEDHAM MA	2.4 CITY-ST-ZIP *NEEDHAM, MA 02494*		
TITLE **EVPS** ☒ DELETE	3.1 TITLE *VS*	☐ Change	☒ Addition
NAME CLARY III, JAMES M	3.2 NAME *JEFFREY D. FEIT*		
STREET ADDRESS 197 FIRST AVENUE	3.3 STREET ADDRESS *197 FIRST AVENUE*		
CITY-ST-ZIP NEEDHAM MA	3.4 CITY-ST-ZIP *NEEDHAM, MA 02494*		
TITLE **EVP** ☒ DELETE	4.1 TITLE *P*	☐ Change	☐ Addition
NAME NASH III, HAROLD E	4.2 NAME *MARC BENSON*		
STREET ADDRESS 197 FIRST AVENUE	4.3 STREET ADDRESS *197 FIRST AVENUE*		
CITY-ST-ZIP NEEDHAM MA	4.4 CITY-ST-ZIP *NEEDHAM, MA 02494*		
TITLE **EVP** ☐ DELETE	5.1 TITLE *COO*	☒ Change	☐ Addition
NAME ZACCARO, MICHAEL J	5.2 NAME		
STREET ADDRESS 197 FIRST AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP NEEDHAM MA	5.4 CITY-ST-ZIP *02494*		
TITLE **V** ☐ DELETE	6.1 TITLE	☒ Change	☐ Addition
NAME ZAYLOR, PAUL	6.2 NAME		
STREET ADDRESS 197 FIRST AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP NEEDHAM MA	6.4 CITY-ST-ZIP *02494*		

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, with all other like empowered.

SIGNATURE: _____ 4/20/99 781-433-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)