

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004848

1. Entity Name

CAREMATRIX OF LAUDERHILL II, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90308 030 ***150.00

Principal Place of Business

Mailing Address

197 FIRST AVENUE
NEEDHAM MA 02194

197 FIRST AVENUE
NEEDHAM MA 02494-2812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02494

4. FEI Number

04-3391406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GOSMAN, ANDREW D	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02494	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	GOSMAN, ABRAHAM D	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02494	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	FEIT, JEFFREY D	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02494	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENSON, MARC	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02494	
TITLE	COO	<input type="checkbox"/> Delete
NAME	ZACCARO, MICHAEL J	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02494	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZAYLOR, PAUL	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02494	

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	V5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURRIE, DAVID	
STREET ADDRESS	197 FIRST AVE	
CITY-ST-ZIP	NEEDHAM, MA 02494	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" 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:

Paul Zaylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

781-433-1000

Daytime Phone #

CR2E034 (9/99)