

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0111984

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005166 (0)**

1. Corporation Name

PRISM HOSPITAL VENTURES, INC.



Principal Place of Business
**695 ATLANTIC AVE., 11TH FL.
BOSTON MA 02111**

Mailing Address
**695 ATLANTIC AVE., 11TH FL.
BOSTON MA 02111**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1997

4. FEI Number

75-2251466

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

0-00

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 **125 EUGENE O'NEILL DRIVE**

Suite, Apt. #, etc.

27 City & State

28 **NEW LONDON, CT 06320-6970**

Zip

Country

29

06320-6410

30

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

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 ☒ DELETE

NAME **C GARFINKLE, STEVEN W**
STREET ADDRESS **695 ATLANTIC AVE., 11TH FL.**
CITY-ST-ZIP **BOSTON MA 02111**

TITLE ☒ DELETE

NAME **P COTHMANN, WILKES**
STREET ADDRESS **695 ATLANTIC AVE., 11TH FL.**
CITY-ST-ZIP **BOSTON MA 02111**

TITLE ☒ DELETE

NAME **FICHERA, RUSSELL**
STREET ADDRESS **695 ATLANTIC AVE., 11TH FL.**
CITY-ST-ZIP **BOSTON MA 02111**

TITLE ☒ DELETE

NAME **SD FREEDMAN, RICHARD**
STREET ADDRESS **695 ATLANTIC AVE., 11TH FL.**
CITY-ST-ZIP **BOSTON MA 02111**

TITLE ☒ DELETE

NAME **D DIXON, THOMAS**
STREET ADDRESS **695 ATLANTIC AVE., 11TH FL.**
CITY-ST-ZIP **BOSTON MA 02111**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **P THOMAS P. DIXON**
1.3 STREET ADDRESS **695 ATLANTIC AVENUE SUITE 11**
1.4 CITY-ST-ZIP **BOSTON, MA 02111**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **TO DAVID N. HANSEN**
2.3 STREET ADDRESS **188 WORCESTER ROAD**
2.4 CITY-ST-ZIP **FRAMINGHAM, MA 01701**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **ALISON K. GILLIGAN**
3.3 STREET ADDRESS **188 WORCESTER ROAD**
3.4 CITY-ST-ZIP **FRAMINGHAM, MA 01701**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **ARTHUR W. STRATTON JR. M.D.**
4.3 STREET ADDRESS **188 WORCESTER ROAD**
4.4 CITY-ST-ZIP **FRAMINGHAM, MA 01701**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: **David N. Hansen**

7/27/98

(308) 598-8000

CR2E034 (5/98)