781 433-1000

Date

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700006341  1. Entity Name  CHANCELLOR OF CLEARWATER, INC.					FILED  OOMAY-4 PM 2:07			
Principal Place of Business Mailing Address								
197 FIRST AVENUE NEEDHAM MA 02194		197 FIRST AVENUE NEEDHAM MA 02494-2812			SECRETARY OF STATE TALLAHASSEE. FLORIDA			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	4. FEI Number 04-3300280 Applied For			
Zip Country		Zip	Country		Certificate of Status Desired	\$8.75 Add		
0 - (17	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Registe	red Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Name Street Address (P.O. Box Number is Not Acceptable)				
PLAN	TATION FL 33324		City			FL Zip Code	e	
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  FILE NOW!!! FEE IS \$150.00  10. Election Campaign Financing  \$5.00 May Be								
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 Make Check Payable	Fee will be \$! to Departmen	t of State	10. Election Campaign Financing Trust Fund Contribution.	Added	to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD GOSMAN, ABRAHAM D 197 FIRST AVENUE NEEDHAM MA 02494 VT LEATHERS, FREDERICK L 197 FIRST AVENUE	Delete  Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	W T	***2250  Y 4 Benson  CareMatrix 197 First Avenue	□ Change <b>7375</b> 5 001065	Addition 5	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	NEEDHAM MA 02494 VS NETERVAL, JEFFREY P 197 FIRST AVE NEEDHAM MA 02494 V ZAYOR, PAUL 197 FIRST AVE	Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Nasdham, MA 02494-2812	☐ Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	NEEDHAM MA 02494	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		LS	☐ Change	Addition	
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.  APR 2 0 2000								