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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700006481

1. Corporation Name

CAREMATRIX OF PALM BEACH GARDENS (SNF), INC.

Ì							
	Principal Place	of Business	Mailing Address				
	197 FIRST AVEN	NUE	197 FIRST AVENUE				
NEEDHAM MA 02194 NEEDHAM MA			NEEDHAM MA 02194		DO NOT WRITE IN	THIS SPACE	
l					3. Date Incorporated or Qualifed		
l					12/09/1997		
Ì	2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	App	olied For
ł	21		26		04-3400065	Not	Applicable
ł	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
Ì	22		27		5. Certificate of Status Desired	Fee Rec	quired
ļ	City & State		City & State		6. Election Campaign Financing	\$5.00	
	23		28		Trust Fund Contribution	Added to	Fees
l	Zip	Country	Zip	Country	8. This corporation owes the current year		□No
I	24	25		0	Personal Property Tax. 10. Name and Address of New Registe		
ŀ		9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registe	rea Agent	
l	СТ	CORPORATION SYSTEM					
l		SOUTH PINE ISLAND ROAD		82 Street A	Address (P.O. Box Number is Not Acceptable)		
l		ITATION FL 33324		83			
ļ	, , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				· · · · · · · · · · · · · · · · · · ·	
l				84 City		FL 85 Zip C	ode
ļ	41 Durement i	to the provisions of Sections 607 05	02 and 607 1508. Florida Statutes	the above-named	corporation submits this statement for the purpos	e of changing its	registered
1	is. ruisuanti	existered agent or both in the State	of Elerida, Such change was aut	harizad by the come	the second of the second because a second the se	popintment as req	istered
1	office or re	egistered agent, or both, in the State	ations of Section 607 0505 Florid	Horized by the corpo	ration's board of directors. I hereby accept the a	ppomimont do rog	,,,,,,,,,,
	office or re agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	la Statutes.	ration's board of directors, I nereby accept the a	ppomimont do rog	10.0100
	office or re agent. I ar SIGNATURE	m familiar with, and accept the oblig-	ations of, Section 607.0505, Florid	la Statutes.	equired when reinstating) DAT	E	
	office or re agent. I ar SIGNATURE	m familiar with, and accept the oblig- Signature, typed or printed name of registered ago	ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: R ND DIRECTORS	ia Statutes.	quired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	E S AND DIRECTOI	RS IN 12
	office or re agent. I ar SIGNATURE	m familiar with, and accept the oblig- Signature, typed or printed name of registered ago	ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: R	ia Statutes. Legistered Agent signature re	equired when reinstating) DAT	E	
	office or reagent. I an SIGNATURE	signature, typed or printed name of registered age OFFICERS A PD GOSMAN, ANDREW D	ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: R ND DIRECTORS	ta Statutes. Legistered Agent signature re	quired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	E S AND DIRECTOI	RS IN 12
	office or reagent. I are SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS A: PD GOSMAN, ANDREW D 197 FIRST AVENUE	ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: R ND DIRECTORS	ta Statutes. tegistered Agent signature re 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICER **D** **D**	E S AND DIRECTOI	RS IN 12
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	office or reagent. I are SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS A: PD GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 CEOT	ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: R ND DIRECTORS	egistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICER D, 02494 CEO	E S AND DIRECTOI	RS IN 12
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	office or reagent. I are agent. I are SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS A: PD GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 CEOT KAUFMAN, ROBERT M 197 FIRST AVENUE NEEDHAM MA 02194 COO BENSON, MARC H	ations of, Section 607.0505, Floric ant and title if applicable. (NOTE: R ND DIRECTORS DELETE	egistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER D, 02494 CEO	E S AND DIRECTOI	RS IN 12 Addition
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	Office or reagent. I are agent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	M familiar with, and accept the obligations of registered agree of	ations of, Section 607.0505, Floridant and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE DELETE	egistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER D. 02494 CEO ABBITHAM D. GOSMAN 197 FIRST AVENUE NEEDHAM, MA 02494 COO MICHAEL J. ZACLARO 197 FIRST AVENUE NEEDHAM, MA 02494 NEEDHAM, MA 02494 NEEDHAM, MA 02494	S AND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition
	Office or reagent. I are agent. I are agent. I are signature. 12. 111. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS A: PD GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 CEOT KAUFMAN, ROBERT M 197 FIRST AVENUE NEEDHAM MA 02194 COO BENSON, MARC H 197 FIRST AVENUE NEEDHAM MA 02194 EV GOSMAN, MICHAEL M 197 FIRST AVENUE NEEDHAM MA 02194 EV GOSMAN, MICHAEL M 197 FIRST AVENUE NEEDHAM MA 02194 EV COO RENSON, MICHAEL M 197 FIRST AVENUE NEEDHAM MA 02194 EVPS CLARY, JAMES M III 197 FIRST AVENUE	ations of, Section 607.0505, Floridant and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	egistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER D, 02494 CEO ABBITHAM D. GOSMAN 197 HIJGT AVENUE NEEDHAM, MA 02494 P 02494 COO MICHAEL J. ZACCARO 197 HIJGT AVENUE NEEDHAM, MA 02494 VS JEFFLEY P. NEESWAC	E S AND DIRECTOI	RS IN 12 Addition Addition Addition

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

ZAYLOR, PAUL

197 FIRST AVE

CR2E034 (11/98)

May 06, 1999 8:00 am Secretary of State

05-06-1999 90185 006 ***150.00