

5-1597 0-7293 -C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P27387 (0)

1. Corporation Name

SUNSET POINT NURSING CENTER CORP.

Principal Place of Business

Mailing Address

470 ATLANTIC AVENUE, 13TH FLOOR  
BOSTON MA 02210

470 ATLANTIC AVENUE, 13TH FLOOR  
BOSTON MA 02210-2208



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1989	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number 04-3072233	Applied For Not Applicable
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28	29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLARD, STEPHEN L.	1.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	1.4 CITY - ST - ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK APESECHE	2.2 NAME	DANIEL DEL'AULO
STREET ADDRESS	470 ATLANTIC AVENUE	2.3 STREET ADDRESS	470 ATLANTIC AVE
CITY - ST - ZIP	BOSTON MA	2.4 CITY - ST - ZIP	BOSTON MA 02210
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSKOWITZ, DAVID	3.2 NAME	SCOTT B SPELFOGEL
STREET ADDRESS	470 ATLANTIC AVE.	3.3 STREET ADDRESS	470 ATLANTIC AVE
CITY - ST - ZIP	BOSTON MA	3.4 CITY - ST - ZIP	BOSTON MA 02210
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHAN, WILLIAM H	4.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	4.4 CITY - ST - ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UMANZIO, CLAIRE	5.2 NAME	
STREET ADDRESS	470 ATLANTIC AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE REQUIRED

Claire F. Umanzio  
Asst. Treas.

APR 22 1997

Date

Daytime Phone # 0000767

CR2E034 (9/96)