

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90088 039 ***150.00

DOCUMENT # **P27387**

1. Corporation Name

SUNSET POINT NURSING CENTER CORP.

Principal Place of Business

470 ATLANTIC AVENUE, 13TH FLOOR
BOSTON MA 02210

Mailing Address

470 ATLANTIC AVENUE, 13TH FLOOR
BOSTON MA 02210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1989

4. FEI Number

04-3072233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 One Beacon Street

2a. Mailing Address

26 One Beacon Street

Suite, Apt. #, etc.

22 Suite 1100

Suite, Apt. #, etc.

27 Suite 1100

City & State

23 Boston, MA

City & State

28 Boston, MA

Zip Country

24 02108

25

Zip Country

29 02108

30

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 ☐ DELETE
NAME GUILLARD, STEPHEN L.
STREET ADDRESS 470 ATLANTIC AVE.
CITY-ST-ZIP BOSTON MA

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS One Beacon Street, Suite 1100
1.4 CITY-ST-ZIP Boston, MA 02108

TITLE VP ☐ DELETE
NAME DEL'ANNO, DANIO
STREET ADDRESS 470 ATLANTIC AVE
CITY-ST-ZIP BOSTON MA

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS One Beacon Street, Suite 1100
2.4 CITY-ST-ZIP Boston, MA 02108

TITLE S ☒ DELETE
NAME SPELFOGEL, SCOTT B
STREET ADDRESS 470 ATLANTIC AVE.
CITY-ST-ZIP BOSTON MA

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME K. Scott Griggs
3.3 STREET ADDRESS One Beacon Street, Suite 1100
3.4 CITY-ST-ZIP Boston, MA 02108

TITLE T ☐ DELETE
NAME STEPHAN, WILLIAM H
STREET ADDRESS 470 ATLANTIC AVE.
CITY-ST-ZIP BOSTON MA

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS One Beacon Street, Suite 1100
4.4 CITY-ST-ZIP Boston, MA 02108

TITLE AT ☐ DELETE
NAME UMANZIO, CLAIRE
STREET ADDRESS 470 ATLANTIC AVENUE
CITY-ST-ZIP BOSTON MA

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS One Beacon Street, Suite 1100
5.4 CITY-ST-ZIP Boston, MA 02108

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claire F. Umanzio
Asst. Treas

APR 1 1999

Date

Daytime Phone #

617-523-7722

CR2E034 (1/1/98)