

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90533 044 ***150.00

0613804 AT

DOCUMENT # P27387

1. Entity Name
SUNSET POINT NURSING CENTER CORP.



Principal Place of Business
**ONE BEACON STREET
SUITE 1100
BOSTON MA 02108**

Mailing Address
**ONE BEACON STREET
SUITE 1100
BOSTON MA 02108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **04-3072233**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUILLARD, STEPHEN L.	
STREET ADDRESS	ONE BEACON STREET, SUITE 1100	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEL'ANNO, DANIO	
STREET ADDRESS	ONE BEACON STREET, SUITE 1100	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CRAIG, WAYNE	
STREET ADDRESS	ONE BEACON STREET, SUITE 1100	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEPHAN, WILLIAM H	
STREET ADDRESS	ONE BEACON STREET, SUITE 1100	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	AC	<input type="checkbox"/> Delete
NAME	STEPHEN, WILLIAM H	
STREET ADDRESS	ONE BEACON STREET, SUITE 1100	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	GRIGGS, K. S	
STREET ADDRESS	ONE BEACON STREET, SUITE 1100	
CITY-ST-ZIP	BOSTON MA 02108	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

617-646-5680

Daytime Phone #

CR2E034 (10/02)