FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27388 (8)

1. Corporation Name
ORCHARD RIDGE 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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/20/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: 04-3072231	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State (23)	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip (24) Country (25)	Zip (29) Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ 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	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	APESECHE, FRANK	2.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	MOSKOWITZ, DAVID	3.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☒ Change ☐ Addition
NAME	THAYER, CLYDE A.	4.2 NAME	T William H. Stephan
STREET ADDRESS	470 ATLANTIC AVE.	4.3 STREET ADDRESS	470 Atlantic Avenue
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	Boston, MA 02210
TITLE	AT	5.1 TITLE	☒ Change ☐ Addition
NAME	MUTASCIO, RONALD	5.2 NAME	AT Claire Umanzio
STREET ADDRESS	470 ATLANTIC AVE.	5.3 STREET ADDRESS	470 Atlantic Avenue
CITY-ST-ZIP	BOSTON MA	5.4 CITY-ST-ZIP	Boston, MA 02210
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: _____ 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

000083 CP