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Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P27388** (8)
1. Corporation Name
ORCHARD RIDGE 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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/20/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		04-3072231	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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	PO	1.1 TITLE	D
NAME	GUILLARD, STEPHEN L.	1.2 NAME	STEPHEN L. GUILLARD
STREET ADDRESS	470 ATLANTIC AVE.	1.3 STREET ADDRESS	470 ATLANTIC AVENUE
CITY-ST-ZIP	BOSTON MA	1.4 CITY-ST-ZIP	BOSTON, MA 02210
TITLE	VP	2.1 TITLE	
NAME	DELL'ANNO, DAMIAN	2.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S
NAME	SOEKFOGER, SCOTT D	3.2 NAME	Spelfogel, Scott D
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	4.1 TITLE	
NAME	WILLIAM H. STEPHAN	4.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	
NAME	CLAIRE UMANZIO	5.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

[Signature]

Claire F. Umanzio
Atty. Gen.

FEB 20 1998

612-413-2233

CR2E034 (10/97)