Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90088 037 ***150.00

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

DOCUMENT # P27388

1. Corporation Name

ORCHARD RIDGE NURSING CENTER CORP.

Principal Place of Business
BOSTON MA 02210 BOSTON MA 02210 BOSTON MA 02210 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/20/1989 2. Principal Place of Business 2. A Reli Number 21 One Beacon Street 22 One Beacon Street 23 Suite, Apt. #, etc. 24 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 26 One Beacon Street 27 Suite 1100 27 Suite 1100 27 Suite 1100 27 Suite 1100 28 BOSTON, MA 28 BOSTON, MA 29 BOSTON, MA 29 BOSTON, MA 20 BOSTON, MA 20 BOSTON, MA 20 BOSTON, MA 20 BOSTON, MA 21 BOSTON, MA 22 Suite 1100 30 Trust Fund Contribution 30 Added to Fees 30 O2108 30 Trust Fund Contribution 30 Added to Fees 31 Name 32 Street Address of New Registered Agent 48 City 40 City & Street 40 City & Street 40 City & Street 40 Country 40 D2108 40 D2
2. Principal Place of Business 2. A. Mailing Address 2. Dne Beacon Street 2. One Beacon Street 2. One Beacon Street 3. One Beacon Street 4. One Beacon Stree
12/20/1989
2. Principal Place of Business
21 One Beacon Street 26 One Beacon Street 04-3072231 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1100 27 Suite 1100 5. Certificate of Status Desired Fee Required
Sulte 1100 27 Sulte 1100 28 State 28 Boston, MA 28 Boston, MA 28 Boston, MA 29 Boston, MA 20 Boston, MA
Boston, MA 28 Boston, MA Trust Fund Contribution Added to Fees
Boston, MA 28 Boston, MA 28 Boston, MA 28 Boston, MA 29 Country Zip Country Zip Country 21 O2108 25 O2108 30 Personal Property Tax. Yes No
24 02108 25 29 02108 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 83 1 TALLAHASSEE FL 32301 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 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the above-named 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, The purpose of Changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, The above-named 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, The above-named 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, The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept agent agent and the florida. Such change was authorized by the corporation's board
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 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 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D GUILLARD, STEPHEN L. 13. STREET ADDRESS CITY-ST-ZIP BOSTON MA 02210 TITLE VP DELETE 1.1 TITLE ON BEACON Street, Suite 1100 BOSTON MA 02108
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 1 TALLAHASSEE FL 32301 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 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME GUILLARD, STEPHEN L. STREET ADDRESS CITY-ST-ZIP BOSTON MA 02210 14. CITY-ST-ZIP DELETE 1.1 TITLE Addition Addition Addition
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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, a manual 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 D OR DELETE 1.1 TITLE STREET ADDRESS 470 ATLANTIC-AVE. BOSTON MA 02210 DELETE 2.1 TITLE VP DELETE 2.1 TITLE VP Addition
1201 HAYS STREET SUITE 105 1 TALLAHASSEE FL 32301 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 or 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 tide if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D OFFICERS AND DIRECTORS 1.1 TITLE OFFICERS AND DIRECTORS IN 12 ITITLE OFFICERS AND DIRECTORS IN 12 ITITLE ON DELETE 1.1 TITLE ON Beacon Street, Suite 1100 Boston, MA 02108 TITLE VP Change Addition Addition
SUITE 105 TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE D OBLETE 1.1 TITLE D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TOTAL Change Addition Addition One Beacon Street, Suite 1100 STREET ADDRESS CITY-ST-ZIP BOSTON MA 02210 DELETE 1.4 CITY-ST-ZIP DELETE 2.1 TITLE VP Change Addition
TALLAHASSEE FL 32301 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 site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE D OFFICERS AND DIRECTORS IN 12 I.1 TITLE OUILLARD, STEPHEN L. STREET ADDRESS GUILLARD, STEPHEN L. 1.2 NAME One Beacon Street, Suite 1100 STREET ADDRESS CITY-ST-ZIP BOSTON MA 02210 DELETE 2.1 TITLE VP One Beacon MA 02108
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 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. NAME GUILLARD, STEPHEN L. STREET ADDRESS CITY-ST-ZIP BOSTON MA 02210 PLETE OFFICERS AND DELETE 1.1 TITLE DO STREET ADDRESS CITY-ST-ZIP DELETE 1.2 Change Addition DELETE 1.3 STREET ADDRESS BOSTON MA 02210 DELETE 1.4 City Change Addition Addition
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 D GUILLARD, STEPHEN L. 1.1 TITLE STREET ADDRESS CITY-ST-ZIP BOSTON MA 02210 DELETE 1.1 TITLE 1.3 STREET ADDRESS CITY-ST-ZIP BOSTON MA 02210 Addition
SIGNATURE 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 D GUILLARD, STEPHEN L. 1.2 NAME STREET ADDRESS CITY-ST-ZIP BOSTON MA 02210 DELETE 1.4 CITY-ST-ZIP DELETE 1.2 NAME 1.3 STREET ADDRESS BOSTON MA 02210 DELETE 2.1 TITLE VP DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition DELETE 1.2 NAME 1.3 STREET ADDRESS BOSTON MA 02210 DELETE 2.1 TITLE VP Addition
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D GUILLARD, STEPHEN L. STREET ADDRESS CITY-ST-ZIP BOSTON MA 02210 DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 0 Ne Beacon Street, Suite 1100 Boston, MA 02108 TITLE VP DELETE 2.1 TITLE 1.2 TITLE 1.3 STREET ADDRESS BOSTON MA 02210 DELETE 2.1 TITLE VP
TITLE D
NAME STREET ADDRESS CITY-ST-ZIP OP
STREET ADDRESS CITY-ST-ZIP 470 ATLANTIC AVE. BOSTON MA 02210 TITLE VP DELETE 1.3 STREET ADDRESS BOSTON, MA 02108 1.3 STREET ADDRESS BOSTON, MA 02108 1.3 STREET ADDRESS BOSTON, MA 02108 1.4 CITY-ST-ZIP BOSTON, MA 02108
STREET ADDRESS 4/0 A L'ANTIC AVE. CITY-ST-ZIP BOSTON MA 02210 TITLE VP DELETE 21 TITLE X Change Addition
TITLE VP DOSION WA V22 TO Addition
TIME VP
NAME DELL'ANNO, DAMIAN 22 NAME
STREET ADDRESS 470 ATLANTIC AVE. 23 STREET ADDRESS One Beacon Street Suite 1100
CITY-ST-ZIP BOSTON MA 02108
TITLE S NINC Change Addition
NAME SPELFOGEL, SCOTT D 32 NAME K. Scott Griggs
STREET ADDRESS 470 ATLANTIC AVE. 3.3 STREET ADDRESS One Beacon Street, Suite 1100
CITY-ST-ZIP
TITLE T DELETE 4.1 TITLE Addition
WILLIAM LI CTEDHAN
STREET ADDRESS A70 ATI ANTIC AVE
CITY-ST-ZIP BOSTON MA 02108

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 of 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.

5.1 TITLE

5.2 NAME

617MF

6.2 NAME

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

53 STREET ADDRESS Dne Beacon Street, Suite 1500

Boston, MA 02108

SIGNATURE:

CLAIRE UMANZIO

BOSTON MA

470 ATLANTIC AVE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Z REQUIREIAsst. Tress ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

□ DELETE

XX Change

☐ Change

☐ Addition

Addition