

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 037 \*\*\*150.00

DOCUMENT # P27388

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

3. Date Incorporated or Qualified

12/20/1989

4. FEI Number

04-3072231

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

24 02108

Country

25

Zip

29 02108

Country

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME GUILLARD, STEPHEN L.  
STREET ADDRESS 470 ATLANTIC AVE.  
CITY-ST-ZIP BOSTON MA 02210

TITLE VP ☐ DELETE  
NAME DELL'ANNO, DAMIAN  
STREET ADDRESS 470 ATLANTIC AVE.  
CITY-ST-ZIP BOSTON MA

TITLE S ☒ DELETE  
NAME SPELFOGEL, SCOTT D  
STREET ADDRESS 470 ATLANTIC AVE.  
CITY-ST-ZIP BOSTON MA 02210

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS One Beacon Street, Suite 1500  
5.4 CITY-ST-ZIP Boston, MA 02108

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

6/7-523-7722

Date

Daytime Phone #

CR2E034 (1/1/98)