

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90426 009 \*\*\*150.00

**DOCUMENT # P27388**

1. Entity Name  
**ORCHARD RIDGE 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**

**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number

**04-3072231**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME GUILLARD, STEPHEN L.  
STREET ADDRESS ONE BEACON STREET, SUITE 1100  
CITY-ST-ZIP BOSTON, MA 02108

TITLE VP  
NAME DELL'ANNO, DAMIAN  
STREET ADDRESS ONE BEACON STREET, SUITE 1100  
CITY-ST-ZIP BOSTON, MA 02108

TITLE AY  
NAME CRAIG, WAYNE  
STREET ADDRESS ONE BEACON STREET, SUITE 1100  
CITY-ST-ZIP BOSTON, MA 02108

TITLE T  
NAME WILLIAM H. STEPHAN  
STREET ADDRESS ONE BEACON STREET, SUITE 1100  
CITY-ST-ZIP BOSTON, MA 02108

TITLE AC  
NAME STEPHAN, WILLIAM H  
STREET ADDRESS ONE BEACON STREET, SUITE 1500  
CITY-ST-ZIP BOSTON, MA 02108

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 I am empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM H. STEPHAN**

Date

Daytime Phone #

**4/15/04**

**617-646-5680**