

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90255 032 ***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**



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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 like empowered.

SIGNATURE: William H. Stephan, TREASURER 4/14/05 617-646-5680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM H. STEPHAN