

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P27390** (4)

1. Corporation Name

BAY TREE 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**

3. Date Incorporated or Qualified
12/20/1989

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 or officer or director.

(If 11. Registered Agent signature is required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUILLARD, STEPHEN L.	
STREET ADDRESS	470 ATLANTIC AVE.	
CITY-ST-ZIP	BOSTON MA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FRANK APESECHE	
STREET ADDRESS	470 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOSKOWITZ, DAVID	
STREET ADDRESS	470 ATLANTIC AVE.	
CITY-ST-ZIP	BOSTON MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STEPHAN, WILLIAM H	
STREET ADDRESS	470 ATLANTIC AVE.	
CITY-ST-ZIP	BOSTON MA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	UMANZIO, CLAIRE	
STREET ADDRESS	470 ATLANTIC AVE.	
CITY-ST-ZIP	BOSTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claire F. Umanzio
Asst. Treas.

APR 29 1995

Date

Daytime Phone #

CR2E034 (12/95)