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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 02210-2208

3. Date Incorporated or Qualified 12/20/1989
3a. Date of Last Report 05/01/1996

4. FEI Number 04-3071703
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP
NAME FRANK APESECHE
STREET ADDRESS 470 ATLANTIC AVENUE
CITY-ST-ZIP BOSTON MA ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VP
2.3 STREET ADDRESS DAHIAN DELL'ANNO
2.4 CITY-ST-ZIP 470 ATLANTIC AVENUE
BOSTON MA 02210

TITLE SD
NAME MOSKOWITZ, DAVID
STREET ADDRESS 470 ATLANTIC AVE.
CITY-ST-ZIP BOSTON MA ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME SD
3.3 STREET ADDRESS SCOTT D FREIFOGEL
3.4 CITY-ST-ZIP 470 ATLANTIC AVENUE
BOSTON MA 02210

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claire F. Umazio
Asst. Treas.

APR 22 1997

Date

Daytime Phone #

CR2E034 (9/96)