## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 27 1998 8:00am PROFIT FLORIDA DEPARIMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (4)P27390 BAY TREE NURSING CENTER CORP. Principal Place of Business Mailing Address 470 ATLANTIC AVENUE. 19TH FLOOR 470 ATLANTIC AVENUE, 13TH FLOOR **BOSTON MA 02210 BOSTON MA 02210** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 04-3071703 Not Applicable Suite, Apt #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country B. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 84 City Zip Code 85 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, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS ☐ Addition TITLE DELETE 1.1 TITLE Change GUILLARD, STEPHEN L. NAME 1.2 NAME 470 ATLANTIC AVE. STREET ADDRESS 1.3 STREET ADDRESS **BOSTON MA** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE NAME DELL'ANNO, DAMIAN 22 NAME 470 ATLANTIC AVENUE STREET ADDRESS 23 STREET ADDRESS **BOSTON MA** 2. 4 CITY - \$1 - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE SPELFOGER, SCOTT D SCOTT D. SPELFOGEL NAME 3 2 NAME 470 ATLANTIC AVE. STREET ADDRESS 3.3 STREET ADDRESS 470 ATLANTIC AVENUE **BOSTON MA** CITY-ST-ZIP 3.4 CITY-ST-ZIP BOSTON, MA 02210 DELETE Change Addition 4.1 TITLE TITLE STEPHAN, WILLIAM H 4. 2 NAME NAME 470 ATLANTIC AVE. 4.3 STREET ADDRESS STREET ADDRESS **BOSTON MA** CITY-ST-ZIP 4.4 CiTY - ST - ZiP DELETE Change Addition 51 TITLE UMANZIO, CLAIRE NAME **5.2 NAME** STREET ADDRESS 470 ATLANTIC AVE 5.3 STREET ADDRESS **BOSTON MA** CITY - ST- ZIP 5.4 CITY - ST - ZIP

14. Thereby certify that the information indicated on this annual report of officer or director of the corporate Block 12 or Block 13 if changed in attachment with an address Claire F. Umanzio FFR 2 0 1998 Assa Traus. SIGNATURE:

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental 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 Thirdreceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

TITLE

NAME

STREET ADDRESS

617.423·2233

Change

Addition