


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-26-2004 90426 012 ***150.00

DOCUMENT # P27390 1. Entity Name BAY TREE 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	

JY001147



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3071703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 NAME STREET ADDRESS CITY - ST - ZIP	PD 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	AT CRAIG, WAYNE ONE BEACON STREET, SUITE 1100 BOSTON, MA 02108
--	---

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/04 617-646-5680

WILLIAM H. STEPHAN