

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 # P27391 (2)

1. Corporation Name
WEST BAY 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	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04-3072226	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 FEI number apply.)

(If not Registered Agent, signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLARD, STEPHEN L.	1.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK APESECHE	2.2 NAME	
STREET ADDRESS	470 ATLANTIC AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSKOWITZ, DAVID	3.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHAN, WILLIAM H	4.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	4.4 CITY - ST - ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UMANZIO, CLAIRE	5.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 19 1996

DATE OF FILING DAYTIME PHONE #

CR2E034 (12/95)