

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90088 040 ***150.00

DOCUMENT # P27391 (2)

1. Corporation Name

WEST BAY NURSING CENTER CORP.

Principal Place of Business

Mailing Address

One Beacon Street, Suite 1100 One Beacon St, Suite 1100
Boston, MA 02108 Boston, MA 02108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/89

4. FEI Number

04-3072226

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 owes the current year Intangible
Personal Property Tax. ☐ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

The Prentice-Hall Corporation System, Inc.
110 North Magnolia Street
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 ☐ DELETE
NAME STEPHEN GUILLARD L
STREET ADDRESS ONE BEACON STREET, SUITE 1100
CITY-ST-ZIP BOSTON, MA 02108

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

TITLE VP DAMIAN DELL'ANNO ☐ DELETE
NAME
STREET ADDRESS ONE BEACON STREET, SUITE 1100
CITY-ST-ZIP BOSTON, MA 02108

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME SCOTT D. SPELFOGEL
STREET ADDRESS 470 ATLANTIC AVE
CITY-ST-ZIP BOSTON, MA 02210

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME K. SCOTT GRIGGS
3.3 STREET ADDRESS One BEACON STREET, SUITE 1100
3.4 CITY-ST-ZIP BOSTON, MA 02108

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

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

TITLE AT ☐ DELETE
NAME CLAIRE F. UMANZIO
STREET ADDRESS ONE BEACON STREET, SUITE 1500
CITY-ST-ZIP BOSTON, MA 02108

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 1 1999

Claire F. Umanzio
Asst. Treas

Date

617-523-7722
Daytime Phone #

CR2E034 (11/98)