

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27391

1. Entity Name

WEST BAY NURSING CENTER CORP.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90239 044 ***150.00

Principal Place of Business

Mailing Address

ONE BEACON STREET
SUITE 1100
BOSTON MA 02108

ONE BEACON STREET
SUITE 1100
BOSTON MA 02108-3107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3072226

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GUILLARD, STEPHEN L.
STREET ADDRESS ONE BEACON STREET, SUITE 1100
CITY-ST-ZIP BOSTON MA 02108

TITLE C ☐ Change ☒ Addition
NAME Griggs, K. Scott
STREET ADDRESS One Beacon Street, Suite 1100
CITY-ST-ZIP Boston, MA 02108

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

TITLE AC ☐ Change ☒ Addition
NAME Stephan, William H.
STREET ADDRESS One Beacon Street, Suite 1100
CITY-ST-ZIP Boston, MA 02108

TITLE S ☒ Delete
NAME GRIGGS, K. SCOTT
STREET ADDRESS ONE BEACON STREET, SUITE 1100
CITY-ST-ZIP BOSTON MA 02108

TITLE AT ☐ Change ☒ Addition
NAME Craig, Wayne
STREET ADDRESS One Beacon Street, Suite 1100
CITY-ST-ZIP Boston, MA 02108

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☒ Delete
NAME UMANZIO, CLAIRE
STREET ADDRESS ONE BEACON STREET, SUITE 1100
CITY-ST-ZIP BOSTON MA 02108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William H. Stephan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM H. STEPHAN

Date

2/14/00

Daytime Phone #

617-646-5680

CR2E034 (9/99)