

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27392** (0)
1. Corporation Name
OAKHURST MANOR 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1989	
21		26		4. FEI Number 04-3072232	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

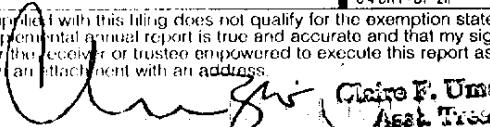
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELL'ANNO, DAMIAN		2.2 NAME		
STREET ADDRESS	470 ATLANTIC AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		2.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPELFOGER, SCOTT D		3.2 NAME	SCOTT D. SPELFOGER	
STREET ADDRESS	470 ATLANTIC AVE.		3.3 STREET ADDRESS	470 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA		3.4 CITY-ST-ZIP	BOSTON, MA 02210	
TITLE	T	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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, or on an attachment with an address.

SIGNATURE:  Claire F. Umanzio
Asst. Treas.
FEB 20 1998
607-423-2233

CR2E034 (1097)