

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 021 ***150.00

DOCUMENT # P27392

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1989

4. FEI Number

04-3072232

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

21 One Beacon Street

Suite, Apt. #, etc.
22 Suite 1100

City & State
23 Boston, MA 02108

Zip Country

24 25 29 30

2a. Mailing Address

26 One Beacon Street

Suite, Apt. #, etc.
27 Suite 1100

City & State
28 Boston, MA 02108

Zip Country

29 30

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

TITLE PD ☐ DELETE

NAME GUILLARD, STEPHEN L.

STREET ADDRESS 470 ATLANTIC AVE.

CITY-ST-ZIP BOSTON MA

TITLE VP ☐ DELETE

NAME DELL'ANNO, DAMIAN

STREET ADDRESS 470 ATLANTIC AVE.

CITY-ST-ZIP BOSTON MA

TITLE D ☒ DELETE

NAME SPELFOGEL, SCOTT D

STREET ADDRESS 470 ATLANTIC AVE.

CITY-ST-ZIP BOSTON MA 02210

TITLE T ☐ DELETE

NAME STEPHAN, WILLIAM H.

STREET ADDRESS 470 ATLANTIC AVE.

CITY-ST-ZIP BOSTON MA

TITLE AT ☐ DELETE

NAME UMANZIO, CLAIRE

STREET ADDRESS 470 ATLANTIC AVE.

CITY-ST-ZIP BOSTON MA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS One Beacon Street, Suite 1100

1.4 CITY-ST-ZIP Boston, MA 02108

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS One Beacon Street, Suite 1100

2.4 CITY-ST-ZIP Boston, MA 02108

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS One Beacon Street, Suite 1100

3.4 CITY-ST-ZIP Boston, MA 02108

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS One Beacon Street, Suite 1100

4.4 CITY-ST-ZIP Boston, MA 02108

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS One Beacon Street, Suite 1100

5.4 CITY-ST-ZIP Boston, MA 02108

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

SIGNATURE:

SIGNATURE REQUIRED
Claire F. Umanzio
Asst. Treas

APR 1 1999 617-523-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)