

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90255 033 ***150.00

DOCUMENT # P27392

1. Entity Name
OAKHURST MANOR NURSING CENTER CORP.



Principal Place of Business

ONE BEACON STREET
SUITE 1100
BOSTON, MA 02108

Mailing Address

ONE BEACON STREET
SUITE 1100
BOSTON, MA 02108

DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number

04-3072232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE VP
NAME DELL'ANNO, DAMIAN
STREET ADDRESS 470 ATLANTIC AVE.
CITY-ST-ZIP BOSTON, MA

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

TITLE AT
NAME CRAIG, WAYNE
STREET ADDRESS ONE BEACON STREET, SUITE 1100
CITY-ST-ZIP BOSTON, MA 02108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William H. Stephan, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 617-646-5682
Date Daytime Phone #

WILLIAM H. STEPHAN