

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
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1996 JUN -4 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30662

(1)

1. Corporation Name

THE STANDISH CARE COMPANY

Principal Place of Business

SIX NEW ENGLAND EXECUTIVE PARK
BURLINGTON MA 01803

Mailing Address

SIX NEW ENGLAND EXECUTIVE PARK
BURLINGTON MA 01803

2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/23/1990

3a. Date of Last Report

10/17/1995

4. FEI Number

04-3069586

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 or director if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CD
NAME
DOYLE, MICHAEL J.
STREET ADDRESS
100 RIDGE ST
CITY-ST-ZIP
WINCHESTER MA

☐ DELETE

TITLE
NAME
VS
STERMAN, MARSHALL S.
STREET ADDRESS
46 NEPTUNE STREET
CITY-ST-ZIP
BEVERLY MA

☐ DELETE

TITLE
NAME
P
BRENNAN, MICHAEL
STREET ADDRESS
1 ROYAL CREST DR. #8
CITY-ST-ZIP
NASHUA NH 03060

☐ DELETE

TITLE
NAME
D
ROBERT DEVORE
STREET ADDRESS
45 QUARTERDECK LANE
CITY-ST-ZIP
NEW CASTLE NH

☐ DELETE

TITLE
NAME
VD
GLOVSKY, C. JOEL
STREET ADDRESS
44 GREY LANE
CITY-ST-ZIP
LYNNFIELD MA

☒ DELETE

TITLE
NAME
VT
MILES, KENNETH M.
STREET ADDRESS
34 OLD STAGE RD
CITY-ST-ZIP
CHELMSFORD MA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

06/04/96--01116--035

*****\$8.75 *****\$8.75

☐ Change ☐ Addition

06/04/96--01116--035

*****\$225.00 *****\$225.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 majority of 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 attached page with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chairman & Director

6/3/96

(67)270-4500

Date

Daytime Phone #

CR2E034 (12/95)