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FILED

May 07 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 # P30662

(1)

1. Corporation Name

CAREMATRIX CORPORATION

Principal Place of Business

197 FIRST AVE.
NEEDHAM MA 02194

Mailing Address

197 FIRST AVE.
NEEDHAM MA 02194

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1990

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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

NAME

STREET ADDRESS

CITY - ST - ZIP

DEV
GOSMAN, ANDREW D
197 FIRST AVE.
NEEDHAM MA 02194

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PT
KAUFMAN, ROBERT M
197 FIRST AVE.
NEEDHAM MA 02194

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VS
CLARY, JAMES M
197 FIRST AVE.
NEEDHAM MA 02194

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

EV
GOSMAN, MICHAEL M
197 FIRST AVE.
NEEDHAM MA 02194

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CEO
DOYLE, MICHAEL J
197 FIRST AVE.
NEEDHAM MA 02194

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS
ZERMANI, RICHARD P
197 FIRST AVE.
NEEDHAM MA 02194

☒ DELETE

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:

PULL ZAYLOR

4/21/98

781-433-1000

CR2E034 (10/97)