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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P34162 (8)
1. Corporation Name
DIAMOND HEALTH CARE DEVELOPMENT CORP.



Principal Place of Business

197 1ST AVE
NEEDHAM MA 02194
US

Mailing Address

197 1ST AVE
NEEDHAM MA 02194
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1991

4. FEI Number

04-3084420

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

21 110 Cedar St

Suite, Apt. #, etc.

22 Suite 90

City & State

23 Wellesley, MA

Zip

24 02181

Country

25 USA

2a. Mailing Address

26 110 Cedar St

Suite, Apt. #, etc.

27 Suite 90

City & State

28 Wellesley, MA

Zip

29 02181

Country

30 USA

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 ☐ DELETE

PD
NAME JACOBS, FREDERIC H.
STREET ADDRESS 29 PRINCETON ROAD
CITY-ST-ZIP CHESTNUT HILL MA

TITLE ☐ DELETE

VD
NAME CASSESE, JOSEPH N.
STREET ADDRESS 1549 ENCLAVE CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

VD
NAME SHERWIN, JONATHAN S.
STREET ADDRESS 41 CANAVAY CIRCLE
CITY-ST-ZIP NEEDHAM MA

TITLE ☐ DELETE

S
NAME MANN, RICHARD S.
STREET ADDRESS 55 WILLIAM ST.
CITY-ST-ZIP NEEDHAM MA

TITLE ☐ DELETE

T
NAME LEATHERS, FREDERICK R.
STREET ADDRESS 1166 MAIN ST
CITY-ST-ZIP HINGHAM MA

TITLE ☐ DELETE

CD
NAME GOSMAN, ABRAHAM D.
STREET ADDRESS 513 NORTH COUNTY ROAD
CITY-ST-ZIP PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

110 Cedar St
Wellesley, MA 02181

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 on an attachment with an address.

CR2E034 (10/97)