

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90302 001 \*5,250.00

DOCUMENT # P92000008240

1. Corporation Name

GYNESIS HEALTHCARE FOR WOMEN OF FLORIDA, INC.



Principal Place of Business

95 HAYDEN AVE  
LEXINGTON MA 02173  
US

Mailing Address

95 HAYDEN AVE  
LEXINGTON MA 02173  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 02420

25

29 02420

30

4. FEI Number

65-0373470

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AT ☐ DELETE  
NAME LIEBERMAN, MARC  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON MA 02173

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 02420

TITLE PD ☒ DELETE  
NAME GEOFFREY SWETT  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON MA 02173

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME HEINZ J SCHMIDT  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON MA 02173

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 02420

TITLE AS ☐ DELETE  
NAME MARK C WILSON  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON MA 02173

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 02420

TITLE S ☐ DELETE  
NAME DOUGLAS G KOTT  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON MA 02173

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP 02420

TITLE VP ☐ DELETE  
NAME PATRICK MORIARTY  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON MA 02173

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP 02420

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99  
Date

781-402-9000  
Daytime Phone #

CR2E034 (11/98)