

2000 UNIFORM BUSINESS REPORT (UBR)

0000793

DOCUMENT # P94000070657

1. Entity Name

PBG MEDICAL MALL SNF, INC.

FILED

00 MAY -4 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

PHILLIPS POINT, STE. 1000 EAST
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33402

197 1ST AVE.
NEEDHAM MA 02494-2812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0537305

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ABRAHAM D. GOSMAN
CITY-ST-ZIP 513 N COUNTY RD.
W. PALM BCH FL

TITLE ☐ Change ☐ Addition
NAME 200003273752--8
STREET ADDRESS -06/01/00--01065--002
CITY-ST-ZIP ***2250.00 ***150.00

TITLE ☒ Delete
NAME T
STREET ADDRESS FREDRICK R. LEATHERS
CITY-ST-ZIP 110 CEDAR ST
WELLESLEY MA 02181

TITLE ☐ Change ☒ Addition
NAME J. P. Benson
STREET ADDRESS CareMatrix
CITY-ST-ZIP 197 First Avenue
Needham, MA 02494-2812

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 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

APR 20 2000

Date

Daytime Phone #

781 433-1000

CR2E034 (9/99)