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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000028420 (4)

1. Corporation Name

GREYLOCK HEALTH CORPORATION

Principal Place of Business

**2 SOUTH ST. SUITE 360
PITTSFIELD MA 01201
US**

Mailing Address

**2 SOUTH STREET
SUITE 360
PITTSFIELD MA 01201-6109
US**



2. Principal Place of Business

21 75 South Church Street

Suite, Apt. #, etc.

22 Suite 650

City & State

23 Pittsfield, MA

Zip

24 01201

Country

25 USA

2a. Mailing Address

26 75 South Church Street

Suite, Apt. #, etc.

27 Suite 650

City & State

28 Pittsfield, MA 01201

Zip

29 01201

Country

30 USA

3. Date Incorporated or Qualified

04/11/1995

3a. Date of Last Report

04/23/1996

4. FEI Number

58-0222184

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

**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 **PD** ☐ DELETE

NAME **THOMAS M. CLARKE**
STREET ADDRESS **2 SOUTH ST, SUITE 360**
CITY-ST-ZIP **PITTSFIELD MA**

TITLE **TSD** ☐ DELETE

NAME **LINDA M. CLARKE**
STREET ADDRESS **2 SOUTH ST, SUITE 360**
CITY-ST-ZIP **PITTSFIELD MA**

TITLE **D** ☒ DELETE

NAME **LAWRENCE B. CUMMINGS**
STREET ADDRESS **250 ROYAL PALM WAY, SUITE 202**
CITY-ST-ZIP **PALM BEACH FL**

TITLE **D** ☒ DELETE

NAME **AMORY CUMMINGS**
STREET ADDRESS **311 S. WACKER DRIVE**
CITY-ST-ZIP **CHICAGO IL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **75 South Church Street, Suite 650**
1.4 CITY-ST-ZIP **Pittsfield, MA 01201**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **75 South Church Street, Suite 650**
2.4 CITY-ST-ZIP **Pittsfield, MA 01201**

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

14. I do 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 *[Signature]* **REGINA M. CLARKE, Sec./Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97 (413)448-2111

Date

Daytime Phone #

CR2E034 (9/96)