

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 30 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 # **V44579** (3)
1. Corporation Name
BAILEY RETIREMENT CENTER, INC.

Principal Place of Business 1305 A NW 6TH ST GAINESVILLE FL 32607 US	Mailing Address 197 FIRST AVE NEEDHAM MA 02194 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/18/1992	
4. FEI Number 59-3128910	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.		
22. City & State	27. City & State		
23. Zip	28. Zip	Country	Country
24. Country	25. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CEO
NAME	DOYLE, MICHAEL J.
STREET ADDRESS	197 FIRST AVE
CITY - ST - ZIP	NEEDHAM MA
TITLE	PT
NAME	KAUFMAN, ROBERT M
STREET ADDRESS	197 FIRST AVE
CITY - ST - ZIP	NEEDHAM MA
TITLE	EVPS
NAME	CLARY III, JAMES M
STREET ADDRESS	197 FIRST AVE
CITY - ST - ZIP	NEEDHAM MA
TITLE	EVPO
NAME	GOSMAN, ANDREW D
STREET ADDRESS	197 FIRST AVE
CITY - ST - ZIP	NEEDHAM MA
TITLE	EVP
NAME	GOSMAN, MICHAEL M
STREET ADDRESS	197 FIRST AVE
CITY - ST - ZIP	NEEDHAM MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	COO
1.2 NAME	MARC H. BENSON
1.3 STREET ADDRESS	197 FIRST AVE.
1.4 CITY - ST - ZIP	NEEDHAM, MA 02194
2.1 TITLE	CEO/T
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	NEEDHAM, MA 02194
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	NEEDHAM, MA 02194
4.1 TITLE	P/D
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	NEEDHAM, MA 02194
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	NEEDHAM, MA 02194
6.1 TITLE	
6.2 NAME	PAUL ZAYLOR
6.3 STREET ADDRESS	197 FIRST AVE
6.4 CITY - ST - ZIP	NEEDHAM, MA 02194

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:  **PAUL ZAYLOR** 4/28/98 781-433-1000

CR2E034 (10/97)