

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 JAN 20 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P38672**

1. Corporation Name

New Forest Manor, Inc.

Principal Place of Business

Mailing Address

Eight Park-Plaza #514  
Boston, MA 02116

Same

400001393144  
-01/30/95--01067--008  
\*\*\*\*208.75 \*\*\*\*208.75  
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
05-06-92

3a. Date of Last Report  
1994

2. Principal Place of Business

2a. Mailing Address

21 1-715 Broadway

26 1715 Broadway

4. FEI Number  
04-2635909

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Saugus, MA

28 Saugus, MA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24 Zip Country  
01906 USA

25 USA

29 Zip Country  
01906 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Information Services, Inc.  
1201 Hays Street  
Tallahassee, FL 32301

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P/S/T  
NAME Paul E. Dolan  
STREET ADDRESS 5 Cheryl Drive  
CITY-ST-ZIP Sharon, MA 02067

1.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.2 NAME  Change  Addition

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1/20/95 MS

SIGNATURE:

*Paul E. Dolan*  
Paul E. Dolan, President

1/18/95 (617) 426-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) (Phone Number)