

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000008240 (3)**  
 1. Corporation Name  
**GYNESIS HEALTHCARE FOR WOMEN OF FLORIDA, INC.**



Principal Place of Business <b>95 HAYDEN AVE LEXINGTON MA 02173 US</b>	Mailing Address <b>95 HAYDEN AVE LEXINGTON MA 02173 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/30/1992</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>65-0373470</b>	Applied For Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent		
				81 Name		
				82 Street Address (P.O. Box Number is Not Acceptable)		
				83		
				84 City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIEBERMAN, MARC</b>	1.2 NAME	
STREET ADDRESS	<b>10 CROWN POINT RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUDBURY MA 01776</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**SEE ATTACHED**

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: \_\_\_\_\_ **ASS'T TREASURER** *S/S 1/8* (781) 402-9000

CR2E034 (10/97)

**GYNESIS HEALTHCARE FOR WOMEN OF FLORIDA, INC.**

**LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 2/24/98**

<b>DIRECTORS</b>	<b>OFFICE HELD</b>	<b>BUSINESS ADDRESS</b>
<b>GEOFFREY W. SWETT</b>	<b>DIRECTOR</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>BEN J. LIPPS</b>	<b>DIRECTOR</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>OFFICERS</b>	<b>OFFICE HELD</b>	<b>BUSINESS ADDRESS</b>
<b>GEOFFREY SWETT</b>	<b>PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>SYED KAMAL</b>	<b>VICE PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>PATRICK MORIARTY</b>	<b>VICE PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>JOSEPH J. RUMA</b>	<b>VICE PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>RONALD J. KUERBITZ</b>	<b>VICE PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>HEINZ J. SCHMIDT</b>	<b>TREASURER</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>MARC S. LIEBERMAN</b>	<b>ASSISTANT TREASURER</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>JAMES V. LUTHER</b>	<b>ASSISTANT TREASURER</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>DOUGLAS G. KOTT</b>	<b>SECRETARY</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>DAVID A. KEMBEL</b>	<b>ASSISTANT SECRETARY</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>MARK C. WILSON</b>	<b>ASSISTANT SECRETARY</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>