

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90302 001 *5,250.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P92000008240

1. Corporation Name
GYNESIS HEALTHCARE FOR WOMEN OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 95 HAYDEN AVE LEXINGTON MA 02173 US	Mailing Address 95 HAYDEN AVE LEXINGTON MA 02173 US
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3. Date Incorporated or Qualified 11/30/1992
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 02420 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 02420 30
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4. FEI Number 65-0373470	Applied For 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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	AT <input type="checkbox"/> DELETE
NAME	LIEBERMAN, MARC
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON MA 02173
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	GEOFFREY SWETT
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON MA 02173
TITLE	T <input type="checkbox"/> DELETE
NAME	HEINZ J SCHMIDT
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON MA 02173
TITLE	AS <input type="checkbox"/> DELETE
NAME	MARK C WILSON
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON MA 02173
TITLE	S <input type="checkbox"/> DELETE
NAME	DOUGLAS G KOTT
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON MA 02173
TITLE	VP <input type="checkbox"/> DELETE
NAME	PATRICK MORIARTY
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON MA 02173

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	02420
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	02420
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	02420
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	02420
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	02420

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, with all other like empowered.

SIGNATURE: *Marc Lieberman* **SIGNATURE REQUIRED** Marc Lieberman 4/12/99 781-402-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)