

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90160 001 *6,000.00

DOCUMENT # P92000008240

1. Entity Name

GYNESIS HEALTHCARE FOR WOMEN OF FLORIDA, INC.

13068



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business HAYDEN AVE LEXINGTON MA 02420 | Mailing Address 95 HAYDEN AVE LEXINGTON MA 02421-7942 US |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

| | | |
|---|---|--|
| 4. FEI Number 65-0373470 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT LIEBERMAN, MARC 95 HAYDEN AVE LEXINGTON MA 02420 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HEINZ J SCHMIDT 95 HAYDEN AVE LEXINGTON MA 02420 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS MARK C WILSON 95 HAYDEN AVE LEXINGTON MA 02420 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DOUGLAS G KOTT 95 HAYDEN AVE LEXINGTON MA 02420 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PATRICK MORIARTY 95 HAYDEN AVE LEXINGTON MA 02420 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RUMA, JOSEPH 95 HAYDEN AVE LEXINGTON MA 02420 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **MARC LIEBERMAN** **4-15-00** **781-402-9000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

P92000008240

13068

GYNESIS HEALTHCARE FOR WOMAN OF FLORIDA, INC.

LIST OF OFFICERS AND DIRECTORS

03/23/2000

| DIRECTORS | OFFICE HELD | RESIDENCE |
|------------------|--------------------|---|
| BEN J. LIPPS | DIRECTOR | 67 MARLBOROUGH STREET, #3 BOSTON, MA 02116 |
| DWIGHT MORGAN | DIRECTOR | 2 JAY LANE ACTON, MA 04001 |

| OFFICERS | OFFICE HELD | RESIDENCE |
|--------------------|---------------------|---|
| BEN J. LIPPS | PRESIDENT | 67 MARLBOROUGH STREET, #3 BOSTON, MA 02116 |
| JOSEPH J. RUMA | VICE PRESIDENT | 15 BLUEBERRY HILL ROAD ANDOVER, MA 01810 |
| RONALD J. KUERBITZ | VICE PRESIDENT | 47 PARK AVENUE WELLESLEY, MA 02481 |
| ROBERT MCGORTY | VICE PRESIDENT | 2 WALTER CIRCLE WESTFORD, MA 01886 |
| DWIGHT MORGAN | VICE PRESIDENT | 2 JAY LANE ACTON, MA 04001 |
| RAMON YI | TREASURER | 30 FAITH DRIVE DERRY, NH 03038 |
| MARC S. LIEBERMAN | ASSISTANT TREASURER | 10 CROWN POINT ROAD SUDBURY, MA 01776 |
| JAMES V. LUTHER | ASSISTANT TREASURER | 50 SUNNYSIDE AVENUE READING, MA 01867 |
| DOUGLAS G. KOTT | SECRETARY | 97 GLEN STREET SOUTH NATICK, MA 01760 |
| DEBORAH CASEY | ASSISTANT SECRETARY | 95 HAYDEN AVENUE LEXINGTON, MA 02420 |
| MARK C. WILSON | ASSISTANT SECRETARY | 382 MT. BLUE STREET NORWELL, MA 02061 |

CORPORATE HEADQUARTERS:

95 Hayden Avenue
Lexington, MA 02420