

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90050 027 ***150.00

DOCUMENT # F04000006464
 1. Entity Name
 RENAISSANCE HEALTH CARE, INC.



Principal Place of Business: 10901 W. 120TH AVENUE, BROOMFIELD, CO 80021
 Mailing Address: 10901 W. 120TH AVENUE, BROOMFIELD, CO 80021

00008548



2. Principal Place of Business: 99 Hayden Ave.
 3. Mailing Address: 99 Hayden Ave.

01092006 Chg-P CR2E034 (11/05)

City & State: Lexington MA
 Zip: 02420 Country: USA

4. FEI Number: 52-2029530
 Applied For: Not Applicable

5. Certificate of Status Desired \$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: PRICCO, CHRISTOPHER P STREET ADDRESS: 10901 W. 120TH AVENUE CITY-ST-ZIP: BROOMFIELD, CO 80021	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached list
TITLE: SD NAME: KUERBITZ, RONALD STREET ADDRESS: 95 HAYDEN AVENUE CITY-ST-ZIP: LEXINGTON, MA 02420	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MCGORTY, ROBERT STREET ADDRESS: 95 HAYDEN AVENUE CITY-ST-ZIP: LEXINGTON, MA 02420	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LAZARUS, MICHAEL STREET ADDRESS: 95 HAYDEN AVENUE CITY-ST-ZIP: LEXINGTON, MA 02420	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BROSANAN, MICHAEL STREET ADDRESS: 95 HAYDEN AVENUE CITY-ST-ZIP: LEXINGTON, MA 02420	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LIPPA, BEN STREET ADDRESS: 95 HAYDEN AVENUE CITY-ST-ZIP: LEXINGTON, MA 02420	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other names empowered.

SIGNATURE: *Margaret D. Angelo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/16/06
 Daytime Phone #: 800-866-1612

ATTACHMENT

60008548
#F04000006464

RENAISSANCE HEALTH CARE, INC.
FEIN #: 52-2029530
MA ID #: 000879613

<u>Name</u>	<u>Business Address</u>	<u>Title</u>
<u>DIRECTOR</u>		
Michael Brosnan	95 Hayden Avenue Lexington, MA 02420	Director
Ronald J. Kuerbitz	95 Hayden Avenue Lexington, MA 02420	Director
<u>OFFICER</u>		
Robert Farrell	95 Hayden Avenue Lexington, MA 02420	President
Michael Brosnan	95 Hayden Avenue Lexington, MA 02420	Vice President
Mark Fawcett	95 Hayden Avenue Lexington, MA 02420	Treasurer
Margaret D'Angelo	95 Hayden Avenue Lexington, MA 02420	Assistant Treasurer
Marc S. Lieberman	95 Hayden Avenue Lexington, MA 02420	Assistant Treasurer
David Roder	95 Hayden Avenue Lexington, MA 02420	Secretary