

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90100 001 *3,600.00

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1. Entity Name
RENAISSANCE HEALTH CARE, INC.



Principal Place of Business
**920 WINTER STREET
 WALTHAM, MA 02451**

Mailing Address
**920 WINTER STREET
 WALTHAM, MA 02451**

66010071



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
 IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: SD
 NAME: KUERBITZ, RONALD
 STREET ADDRESS: 920 WINTER STREET
 CITY-ST-ZIP: WALTHAM, MA 02451

TITLE: D
 NAME: BROSNAN, MICHAEL
 STREET ADDRESS: 920 WINTER STREET
 CITY-ST-ZIP: WALTHAM, MA 02451

TITLE: P
 NAME: FARRELL, ROBERT
 STREET ADDRESS: 920 WINTER STREET
 CITY-ST-ZIP: WALTHAM, MA 02451

TITLE: T
 NAME: FAWCETT, MARK
 STREET ADDRESS: 920 WINTER STREET
 CITY-ST-ZIP: WALTHAM, MA 02451

TITLE: AT
 NAME: LIEBERMAN, MARC
 STREET ADDRESS: 920 WINTER STREET
 CITY-ST-ZIP: WALTHAM, MA 02451

TITLE: AT
 NAME: COLANTONIO, PAUL
 STREET ADDRESS: 920 WINTER STREET
 CITY-ST-ZIP: WALTHAM, MA 02451

**DO NOT WRITE
 IN THIS SPACE**

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 like empowered.

SIGNATURE:

Marc Lieberman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Treasurer

Date

5/4/08

Daytime Phone #