
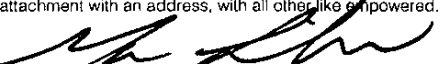


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F95000004604</b> 1. Entity Name <b>NATIONAL MEDICAL CARE, INC.</b>					
Principal Place of Business <b>95 HAYDEN AVENUE LEXINGTON, MA 02420 US</b>			Mailing Address <b>ATTN: TAX DEPT., 95 HAYDEN AVENUE LEXINGTON, MA 02420 US</b>		
2. Principal Place of Business - No P.O. Box # <b>920 Winter Street</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Waltham MA</b>		City & State 		4. FEI Number <b>04-2835488</b>	
Zip <b>02451</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAHLSTROM, MATS 95 HAYDEN AVE LEXINGTON, MA 02420	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO BROSNAN, MICHAEL 95 HAYDEN AVE LEXINGTON, MA 02420	<input type="checkbox"/> Delete			
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	VP KUERBITZ, RONALD 95 HAYDEN AVENUE LEXINGTON, MA 02420	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAZARUS, MD, DR. J. MICHAEL 95 HAYDEN AVENUE LEXINGTON, MA 02420	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTT, DOUGLAS 95 HAYDEN AVENUE LEXINGTON, MA 02420	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>920 Winter Street Waltham, MA 02451</b> </div> <div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           </div> </div>				
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: 			<b>Marc S. Lieberman</b> Assistant Treasurer <b>4/15/07</b> 781-699-9000 <small>Daytime Phone #</small>		

FILED  
2007 APR 25 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03302007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

**FL** Zip Code

**500101462365**  
Q5/04/07--01005--001 \*\*4650.00

**B 5/2/07**