

**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
NATIONAL MEDICAL CARE, INC.



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

Mailing Address
920 WINTER STREET
WALTHAM, MA 02451 US

66010065



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2835488

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP WAHLSTROM, MATS 920 WINTER STREET WALTHAM, MA 02451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO BROSNAN, MICHAEL 920 WINTER STREET WALTHAM, MA 02451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LIEBERMAN, MARC 920 WINTER STREET WALTHAM, MA 02451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUERBITZ, RONALD 920 WINTER STREET WALTHAM, MA 02451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZARUS, MD, DR. J. MICHAEL 920 WINTER STREET WALTHAM, MA 02451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTT, DOUGLAS 920 WINTER STREET 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
Marc Lieberman
Asst. Treasurer

4/1/08
Date

Daytime Phone #