

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90302 001 *5,250.00

DOCUMENT # F96000000779

1. Corporation Name

NMC MEDICAL SERVICES, INC.



Principal Place of Business
96 HAYDEN AVE
1601 TRAPELO ROAD
LEXINGTON MA 02173
US

Mailing Address
96 HAYDEN AVE
1601 TRAPELO ROAD
LEXINGTON MA 02173
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/25/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		25-1590355	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees-	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24 02420		29 02420		30	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWETT, GEOFFREY	1.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMBEL, DAVID A	2.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	2.4 CITY-ST-ZIP	02420
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEN LIPPS	3.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	3.4 CITY-ST-ZIP	02420
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINZ SCHMIDT	4.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	4.4 CITY-ST-ZIP	02420
TITLE	AT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES V LUTHER	5.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	5.4 CITY-ST-ZIP	02420
TITLE	VP	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK MORIARTY	6.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	6.4 CITY-ST-ZIP	02420

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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Lieberman

4/22/99 781-402-9000
Daytime Phone #

CR2E034 (1/98)

NMC MEDICAL SERVICES, INC.

560878-90075-45
F96000000779

LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 7/01/98

DIRECTORS

OFFICE HELD

BUSINESS ADDRESS

BEN LIPPS

DIRECTOR

95 HAYDEN AVENUE
LEXINGTON, MA 02420

OFFICERS

OFFICE HELD

BUSINESS ADDRESS

PATRICK MORIARTY

VICE PRESIDENT

95 HAYDEN AVENUE
LEXINGTON, MA 02420

HEINZ SCHMIDT

TREASURER

95 HAYDEN AVENUE
LEXINGTON, MA 02420

MARC S. LIEBERMAN

ASSISTANT TREASURER

95 HAYDEN AVENUE
LEXINGTON, MA 02420

JAMES V. LUTHER

ASSISTANT TREASURER

95 HAYDEN AVENUE
LEXINGTON, MA 02420

DAVID A. KEMBEL

SECRETARY

95 HAYDEN AVENUE
LEXINGTON, MA 02420