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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90302 001 *5,250.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F96000000779

1. Corporation Name
NMC MEDICAL SERVICES, INC.



Principal Place of Business 96 HAYDEN AVE 1601 TRAPELO ROAD LEXINGTON MA 02178 US	Mailing Address 96 HAYDEN AVE 1601 TRAPELO ROAD LEXINGTON MA 02178 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 02420	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 02420	Country 25 Country 30
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3. Date Incorporated or Qualified 01/25/1996	4. FEI Number 25-1590355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees-	
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
C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SWETT, GEOFFREY	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KEMBEL, DAVID A	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEN LIPPS	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HEINZ SCHMIDT	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	JAMES V LUTHER	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PATRICK MORIARTY	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	02420	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	02420	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	02420	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	02420	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(f), 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 Marc Lieberman 4/20/99 781-402-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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