## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # H79479

(2)

HOME INTENSIVE CARE OF FLORIDA, INC.

NC.

**FILED** 

May 15 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address					1 1481085 Bits 40018 10111 01011 10016 1811	JOBE BIBLI BIBLI EI		
1801 TRAPELO WALTHAM MA		1801 TRAPELO RD WALTHAM MA 02154-7333						
WALTHAM MA	UZ 194	US US	33					
					3. Date incorporated or Qualified 10/01/1985	3a. Date of 04/24/1		eport
	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21 45	Hayden ove;	26 50600			59-2593327	Not Applicable		
22					5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State City & State				6. Election Campaign Financing \$5.00 May Bo				
23 desington (F) 28			- Countr	Trust Fund Contribution				
Zip Country Zip 29 29 29			30	Florida Statutes				. 199.032,
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Reg	Jistered Agen	<u>t                                    </u>	
	CORPORATION SYSTEM		8	INATHO				
	O SOUTH PINE ISLAND ROAD NTATION FL 33324		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
FUN	MINITON FL 99924		83	<del>                                     </del>				
			84	City		85	Zip (	Dode
	15			I		FL		
office or r agent. I a	registered agent, or both, in the State of the familiar with, and accept the obligations are the control of the	of Florida Such change was tions of, Section 607.0505, F	s authorized b Florida Statute	y the corpora s.	rporation submits this statement for the p ation's board of directors. I hereby accep	the appointm	iging it ient as	registered
SIGNATURE	Signature typed or printed name of registered age:	Countries to the state of the s						
12.	OFFICERS AND		13.	ent signature requ	uired when reinstaing)  ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRE	FCTOR	S IN 12
TITLE	AT	DITTE	1.h TITLE		7,007,10110,01111102010		Change	Addition
NAME	LIEBERMAN, MARC		1.≱ NAME					
STREET ADDRESS	10 CROWN POINT RD.		1.8 STREE	T ADDRESS				
CITY-ST-ZIP	SUDBURY MA 01776		1.4 CITY	ST-ZIP			<del></del>	··-
TITLE	D	XIDELLE	2.1 TITLE				Change	Addition
NAME	CONSTANTINE, HAMPERS		2.2 NAME					
STREET ADDRESS	EAST LAKE RD			1 ADDRESS	<b>10</b>			
CITY-ST-ZIP	DUBLIN NH	DELETE	2. 4 CITY	ST-ZIP		— n		Addition
TITLE NAME		ב סנונונ	3.1 TITEE 3.2 NAME		<b>V2.</b>	L) U	Change	Addition
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			3.4. CITY-		1			
TITLE	<u> </u>	DELETE	4.1 TITEF	01-11			Change	Addition
NAME			4. 2 NAMI		<b>13</b>		-	
STREET ADDRESS			4.8 STREE	LADDRESS	<b>T</b>			
CITY-ST-ZIP			4.# CITY-	ST - 7IP	·			
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.8 NAME					
STREET ADDRESS			5.8 STREE	I AODRESS				
CITY-ST-ZIP		***************************************	5.4 CITY -	S1 - 71P				
TITLE		☐ DELETE	6.i mue				Change	] Addition
NAME			6.₽ NAME					
STREET ADDRESS			6.8 STREE	AODRESS				
CITY OT 21D	İ		C II CITY	01 200				

4. I do 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 eath; 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

CIONATURE.

11/1/

MARC / KO RIVALL ARE'T THRAME

4/2/2 617/402-900

## HOME INTENSIVE CARE, INC. LIST OF DIRECTORS AND OFFICERS

## EFFECTIVE 01/01/1997

	OFFICE		
DIRECTORS	HELLD	SS NUMBER	HOME ADDRESS
SYED			4 LISA LANE
KAMAL	DIRECTOR	436-35-9080	ACTON, MA 01720
BEN			24 SEQUOIA LANE
LIPPS, PH.D.	DIRECTOR	305-44-0223	Walnut Creek, CA 94595
GEOFFREY W.			42 KINGS WAY
SWETT	DIRECTOR	144-40-6739	Waltham, Ma 02154
	OFFICE		
OFFICERS	HELD	SS NUMBER	HOME ADDRESS
GEOFFREY W.			42 KINGS WAY
SWETT	PRESIDENT	144-40-8739	Wālthām, mā 02154
PATRICK			10 HENDERSON WAY
MORIARTY	VICE PRESIDENT	021-38-2035	MEDFIELD, MA 02052
ROBERT W.		•	9 SALISBURY STREET
Armstrong, III	TREASURER	017-36-2353	WINCHESTER, MA 01890
MARCS.	ASSISTANT		10 CROWN POINT ROAD
LIEBERMAN	TREASURER	108-38-6181	SUDBURY, MA 01776
JAMES V.	ASSISTANT		50 SUNNYSIDE AVENUE
LUTHER	TREASURER	010-34-9716	READING, MA 01867
DAVID A. KEMBEL	SECRETARY	522-88-5894	151 REED FARM ROAD BOXBOROUGH, MA 01719
<del></del>	A-60-A-60-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	Q22 00 0094	Dozenouvouli, met 01/13

CORPORATE HEADQUARTERS: TWO LEDGEMONT CENTER 95 HAYDEN AVENUE LEXINGTON, MA 02173

TELEPHONE #: (617)402-9000