

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 30 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # H79479

1. Entity Name
HOME INTENSIVE CARE OF FLORIDA, INC.

Principal Place of Business

95 HAYDEN AVE
LEXINGTON, MA 02420 US

Mailing Address

ATTN: TAX DEPT., 95 HAYDEN AVE
LEXINGTON, MA 02420 US



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2593327

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE AT
NAME LIEBERMAN, MARC
STREET ADDRESS 95 HAYDEN AVE
CITY-ST-ZIP LEXINGTON, MA 02420

TITLE S
NAME KOTT, DOUGLAS
STREET ADDRESS 95 HAYDEN AVE
CITY-ST-ZIP LEXINGTON, MA 02420

TITLE AS
NAME KEMBEL, DAVID
STREET ADDRESS 95 HAYDEN AVE
CITY-ST-ZIP LEXINGTON, MA 02420

TITLE T
NAME FAWCETT, MARK
STREET ADDRESS 95 HAYDEN AVE
CITY-ST-ZIP LEXINGTON, MA 02420

TITLE D
NAME LIPPS, BEN
STREET ADDRESS 95 HAYDEN AVENUE
CITY-ST-ZIP LEXINGTON, MA 02420

TITLE AT
NAME COLANTONIO, PAUL
STREET ADDRESS 95 HAYDEN AVE
CITY-ST-ZIP LEXINGTON, MA 024209192

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03/31/04--01004--001 **3250.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: Paul Colantonio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

781 802 9000

Daytime Phone *

Attachment

H79479

HOME INTENSIVE CARE OF FLORIDA, INC.

FEIN 59-2593327

LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 03/17/03

DIRECTORS	OFFICE	BUSINESS
BEN LIPPS	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
OFFICERS	OFFICE	BUSINESS
RONALD KUERBITZ	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
JOSEPH J. RUMA	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARK FAWCETT	TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
PAUL J. COLANTONIO	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARC S. LIEBERMAN	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
DOUGLAS G. KOTT	SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420
DAVID A. KEMBEL	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420