## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAL KLI OKI									
DOCUMENT # H79479					FILED				
Entity Name     HOME INTENSIVE CARE OF FLORIDA, INC.						05	MAR 29	AH 10:	23
				STEETS!		250	RETARY	OF STA	ī E
Principal Place	e of Business	Mailing Address				TĂLĬ	RETARY LAHASSE	E, FLOR	IDA
95 HAYDEN AVE LEXINGTON, MA 02420 US ATTN: TAX DEPT., 95 HAYD LEXINGTON, MA 02420									
					.	11 11 11 11 11 11 11 11 11 11 11 11 11	ITH BITH BITH BIT	II OLON GIDIN GIDIN	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03042005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State		4. FEI Number 59-2593			<del></del>	plied For t Applicable	
Zip	Country	Zip	Country	-	5. Certificate o	f Status Desired		\$8.75 Add	
··	6. Name and Address of Current	Registered Agent	<del></del>	:	7. Name and A	Address of New	/ Registered /	···	,
0.7.0000	OBATION CYCTEM		Nan	lame					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
1 2 (17)	011,12 00024								-
			City				FL	Zip Code	•
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered offic	e or register	ed agent, or both	, in the State of	Florida. I am	familiar with,	and accept
SIGNATURE_	,								
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent s	ignature required	( when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees				·
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO O	FFICERS AND	DIRECTORS	3 IN 11
TITLÉ NAME	AT LIEBERMAN, MARC	☐ Delete	TITLE · NAME					☐ Change	☐ Addition
STREET ADDRESS	95 HAYDEN AVE		STREET ADDR	ESS					
CITY+ST-ZIP	LEXINGTON, MA 02420		CITY-ST-ZIP						
TITLE	S KOTT, DOUGLAS	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	95 HAYDEN AVE		name Street addr	ESS					
CITY-\$T-ZIP	LEXINGTON, MA 02420		CITY-ST-ZIP						
TITLE	AS KEMBEL. DAVID	Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	95 HAYDEN AVE		NAME Street Addr	ESS	00	0050	0182	210	
CITY-ST-ZIP	LEXINGTON, MA 02420		CITY-ST-ZIP		04/08/	050104	7001	**3250	. 00
TITLE	Т	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	FAWCETT, MARK 95 HAYDEN AVE		NAME STREET ADDR	FGG					
CITY-ST-ZIP	LEXINGTON, MA 02420		CITY-ST-ZIP						
TITLE	D	Delete	TITLE	DP			·····	☐ Change	Addition
NAME	LIPPS, BEN		NAME 0.705ET 4000		ts Wahlst				
STREET ADDRESS CITY-\$T-ZIP	95 HAYDEN AVENUE LEXINGTON, MA 02420		STREET ADDR CITY-ST-ZIP		Hayden A		'n		
TITLE	AT	☐ Delete	TITLE	Te3	THECOIL	. UZ4Z	.0	☐ Change	☐ Addition
NAME	COLANTONIO, PAUL	— - <del></del>	NAME					<u> </u>	
STREET ADDRESS	95 HAYDEN AVE LEXINGTON, MA 024209192		STREET ADDR CITY-ST-ZIP	ESS					
CITY-ST-ZIP	LECAUNGIUN MA 024709192								
12   harabura	certify that the information supplied with	this filing does not qualify to		stated in Sc	etion 119 07/21/0	Florida Statuta	e I fuetbar ca	tify that the is	formation

Paul Colantonio 3/18/05 781-402-9000
Date Daytime Phone #

## HOME INTENSIVE CARE OF FLORIDA, INC.

FEIN 59-2593327

LIST OF OFFICERS AND DIRECTORS EFFECTIVE 05/17/04

DIRECTORS	OFFICE	BUSINESS
MATS WAHLSTROM	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
OFFICERS	OFFICE	BUSINESS
MATS WAHLSTROM	PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
RONALD J. KUERBITZ	SR. VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
ROBERT MCGORTY	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