

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -6 AM 9:21

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



03232006 No Chg-P CR2E034 (11/05)

150.00

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

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LIEBERMAN, MARC 95 HAYDEN AVE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTT, DOUGLAS 95 HAYDEN AVE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KUERBITZ, RONALD J 95 HAYDEN AVE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAWCETT, MARK 95 HAYDEN AVE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAHLSTROM, MATS 95 HAYDEN AVENUE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COLANTONIO, PAUL 95 HAYDEN AVE LEXINGTON, MA 024209192

600069635366
04/06/06--01043--001 **2500.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Colantonio
Assistant Treasurer

Date

Daytime Phone #

3/23/06

al/b ad

HOME INTENSIVE CARE OF FLORIDA, INC.

FEIN 59-2593327

**LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 10/10/05**

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	EXEC. 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