


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # H79479 | |  |
| 1. Entity Name HOME INTENSIVE CARE OF FLORIDA, INC. | | |

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| Principal Place of Business 95 HAYDEN AVE LEXINGTON, MA 02420 US | Mailing Address ATTN: TAX DEPT., 95 HAYDEN AVE LEXINGTON, MA 02420 US |
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| 2. Principal Place of Business - No P.O. Box # 920 Winter Street | 3. Mailing Address same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State Waltham, MA | City & State |
| Zip 02451 | Country |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

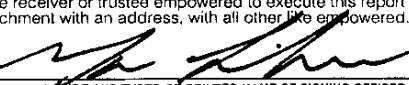
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT LIEBERMAN, MARC 95 HAYDEN AVE LEXINGTON, MA 02420 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 920 Winter Street Waltham, MA 02451 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KOTT, DOUGLAS 95 HAYDEN AVE LEXINGTON, MA 02420 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700101462347 05/04/07--01005--001 **4650.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP KUERBITZ, RONALD J 95 HAYDEN AVE LEXINGTON, MA 02420 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FAWCETT, MARK 95 HAYDEN AVE LEXINGTON, MA 02420 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WAHLSTROM, MATS 95 HAYDEN AVENUE LEXINGTON, MA 02420 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT COLANTONIO, PAUL 95 HAYDEN AVE LEXINGTON, MA 024209192 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | B " 5/2/07 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  Marc S. Lieberman
Assistant Treasurer 4/19/07 781-699-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

FILED
2007 APR 25 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03302007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 59-2593327 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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