2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# H79479

Entity Name: HOME INTENSIVE CARE OF FLORIDA, INC.

Current Principal Place of Business:

95 HAYDEN AVE
LEXINGTON, MA 02420 US

New Principal Place of Business:

Current Mailing Address:

95 HAYDEN AVE
LEXINGTON, MA 02420 US

New Mailing Address:

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

FEI Number: 59-2593327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: LIEBERMAN, MARC,
Address: 95 HAYDEN AVE
City-St-Zip: LEXINGTON, MA 02420

Title: S ( ) Delete
Name: DOUGLAS G KOTT,
Address: 95 HAYDEN AVE
City-St-Zip: LEXINGTON, MA 02420

Title: AS ( ) Delete
Name: DAVID A KEMBEL,
Address: 95 HAYDEN AVE
City-St-Zip: LEXINGTON, MA 02420

Title: AT ( ) Delete
Name: JAMES V LUTHER,
Address: 95 HAYDEN AVE
City-St-Zip: LEXINGTON, MA 02420

Title: D ( ) Delete
Name: LIPPS, BEN
Address: 95 HAYDEN AVENUE
City-St-Zip: LEXINGTON, MA 02420

Title: AT ( ) Delete
Name: COLANTONIO, PAUL
Address: 95 HAYDEN AVE
City-St-Zip: LEXINGTON, MA 024209192

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AT (X) Change ( ) Addition
Name: LIEBERMAN, MARC
Address: 95 HAYDEN AVE
City-St-Zip: LEXINGTON, MA 02420

Title: S (X) Change ( ) Addition
Name: KOTT, DOUGLAS
Address: 95 HAYDEN AVE
City-St-Zip: LEXINGTON, MA 02420

Title: AS (X) Change ( ) Addition
Name: KEMBEL, DAVID
Address: 95 HAYDEN AVE
City-St-Zip: LEXINGTON, MA 02420

Title: T (X) Change ( ) Addition
Name: FAWCETT, MARK
Address: 95 HAYDEN AVE
City-St-Zip: LEXINGTON, MA 02420

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL COLANTONIO AT 04/29/2003

Electronic Signature of Signing Officer or Director Date

JOSEPH RUMA, VP
95 HAYDEN AVENUE
LEXINGTON, MA 02420

RONALD KUERBITZ, VP
95 HAYDEN AVENUE
LEXINGTON, MA 02420