

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K47289 (9)

1. Corporation Name

PREFERRED PHARMACY SERVICES, INC.



Principal Place of Business

Mailing Address

C/O NATIONAL MEDICAL CARE / ATN: CORP. LAW  
1601 TRAPELO ROAD  
WALTHAM MA 02154

C/O NATIONAL MEDICAL CARE / ATN: CORP. LAW  
1601 TRAPELO ROAD  
WALTHAM MA 02154

3. Date Incorporated or Qualified  
11/18/1988

3a. Date of Last Report  
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0068569

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME HAMPERS, CONSTANTINE M.D.  
STREET ADDRESS 1601 TRAPELO ROAD  
CITY - ST - ZIP WALTHAM MA 02154 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

TITLE D  
NAME LOWRIE, EDMUND G M.D.  
STREET ADDRESS 1601 TRAPELO ROAD  
CITY - ST - ZIP WALTHAM MA 02154 ☒ DELETE

TITLE VD  
NAME SPEARS, PETER F  
STREET ADDRESS 1601 TRAPELO ROAD  
CITY - ST - ZIP WALTHAM MA 02154 ☐ DELETE

TITLE T  
NAME NOGELO, A. MILES  
STREET ADDRESS 1601 TRAPELO ROAD  
CITY - ST - ZIP WALTHAM MA 02154 ☐ DELETE

TITLE P  
NAME LOWRIE, ERNESTINE M  
STREET ADDRESS 1601 TRAPELO ROAD  
CITY - ST - ZIP WALTHAM MA 02154 ☒ DELETE

TITLE S  
NAME KEMBEL, DAVID A  
STREET ADDRESS 1601 TRAPELO ROAD  
CITY - ST - ZIP WALTHAM MA 02154 ☐ DELETE

SEE ATTACHED

600001794316  
-04/25/96--01033--012  
\*\*\*5800.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASS'T TREASURER

Date

Daytime Phone #

CR2E034 (12/95)

HOME INTENSIVE CARE, INC. SUBSIDIARIES  
LIST OF DIRECTORS AND OFFICERS

EFFECTIVE 03/15/1996

DIRECTORS *****	OFFICE HELD *****	SS NUMBER *****	HOME ADDRESS *****
CONSTANTINE HAMPERS, M.D.	DIRECTOR	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
GEOFFREY SWETT	DIRECTOR	144-40-8739	11 INDEPENDENCE RD PEPPERELL, MA 01463
PETER F. SPEARS	DIRECTOR	015-36-9504	11 HEARTHSTONE PLACE ANDOVER, MA 01810
*****			
OFFICERS *****	OFFICE HELD *****	SS NUMBER *****	HOME ADDRESS *****
GEOFFREY SWETT ✓	PRESIDENT	144-40-8739	11 INDEPENDENCE RD PEPPERELL, MA 01463
CONSTANTINE HAMPERS, M.D.	VICE PRESIDENT	383-36-2176	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
PETER F. SPEARS	VICE PRESIDENT	015-36-9504	11 HEARTHSTONE PLACE ANDOVER, MA 01810
PATRICK MORIARTY	VICE PRESIDENT	021-38-2035	10 HENDERSON WAY MEDFIED, MA 02052
A. MILES NOGEO	TREASURER	012-34-5855	19 WASHINGTON DRIVE SUDBURY, MA 01776
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-6181	10 CROWN POINT ROAD SUDBURY, MA 01776
DAVID A. KEMBEL	SECRETARY	522-55-5894	151 REED FARM ROAD BOXBOROUGH, MA 01719
CAROL E. BOWEN	ASSISTANT SECRETARY	139-44-5206	187 GROVE STREET LEXINGTON, MA 02173

\*BUSINESS ADDRESS FOR OFFICERS/DIRECTORS\*  
RESERVOIR PLACE  
1601 TRAPELO ROAD  
WALTHAM, MA 02154  
(617)466-9850