FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # **K47289** **(9)**

1. Corporation Name
PREFERRED PHARMACY SERVICES, INC.

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

Mailing Address
C/O NATIONAL MEDICAL CARE / ATN: CORP. LAW
1601 TRAPELO ROAD
WALTHAM MA 02154-7333

3. Date Incorporated or Qualified: **11/18/1988**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business
21 95 Hayden Avenue
Suite, Apt. #, etc. 22
City & State 23 Lexington, MA
Zip 24 02173 Country 25

2a. Mailing Address
26 ← Same
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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

10. Name and Address of New Registered Agent
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

TITLE	VD	☒ DELETE
NAME	HAMPERS, CONSTANTINE M.D.	
STREET ADDRESS	1601 TRAPELO ROAD	
CITY-ST-ZIP	WALTHAM MA 02154	
TITLE	AT	☐ DELETE
NAME	LIEBERMAN, MARC	
STREET ADDRESS	10 CROWN POINT RD.	
CITY-ST-ZIP	SUDBURY MA 01776	
TITLE	VD	☒ DELETE
NAME	SPEARS, PETER F	
STREET ADDRESS	1601 TRAPELO ROAD	
CITY-ST-ZIP	WALTHAM MA 02154	
TITLE	T	☒ DELETE
NAME	NOGELO, A. MILES	
STREET ADDRESS	1601 TRAPELO ROAD	
CITY-ST-ZIP	WALTHAM MA 02154	
TITLE	P	☐ DELETE
NAME	SWETT, GEOFFREY	
STREET ADDRESS	11 INDEPENDENCE RD.	
CITY-ST-ZIP	PEPPERELL MA 01463	
TITLE	S	☐ DELETE
NAME	KEMBEL, DAVID A	
STREET ADDRESS	1601 TRAPELO ROAD	
CITY-ST-ZIP	WALTHAM MA 02154	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SEE ATTACHED

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Marc Lieberman ASS'T TREASURER 4/24/97 617/402-9000

HOME INTENSIVE CARE, INC.
LIST OF DIRECTORS AND OFFICERS

EFFECTIVE 01/01/1997

DIRECTORS	OFFICE HELD	SS NUMBER	HOME ADDRESS
SYED KAMAL	DIRECTOR	436-35-9080	4 LISA LANE ACTON, MA 01720
BEN LIPPS, PH.D.	DIRECTOR	305-44-0223	24 SEQUOIA LANE WALNUT CREEK, CA 94595
GEOFFREY W. SWETT	DIRECTOR	144-40-8739	42 KINGS WAY WALTHAM, MA 02154

OFFICERS	OFFICE HELD	SS NUMBER	HOME ADDRESS
GEOFFREY W. SWETT	PRESIDENT	144-40-8739	42 KINGS WAY WALTHAM, MA 02154
PATRICK MORIARTY	VICE PRESIDENT	021-38-2035	10 HENDERSON WAY MEDFIELD, MA 02052
ROBERT W. ARMSTRONG, III	TREASURER	017-36-2353	9 SALISBURY STREET WINCHESTER, MA 01890
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-6181	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	010-34-9716	50 SUNNYSIDE AVENUE READING, MA 01867
DAVID A. KEMBEL	SECRETARY	522-88-5894	151 REED FARM ROAD BOXBOROUGH, MA 01719

CORPORATE HEADQUARTERS:
TWO LEDGEMONT CENTER
95 HAYDEN AVENUE
LEXINGTON, MA 02173

TELEPHONE #: (617)402-9000