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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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 02154-7333

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
22: Suite, Apt. #, etc.
23: City & State: Lexington, MA
24: Zip: 02173
25: Country

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAMPERS, CONSTANTINE M.D.		1.2 NAME	
STREET ADDRESS	1601 TRAPELO ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA 02154		1.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LIEBERMAN, MARC		2.2 NAME	
STREET ADDRESS	10 CROWN POINT RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA 01776		2.4 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SPEARS, PETER F		3.2 NAME	
STREET ADDRESS	1601 TRAPELO ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA 02154		3.4 CITY-ST-ZIP	
TITLE	T	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NOGELO, A. MILES		4.2 NAME	
STREET ADDRESS	1601 TRAPELO ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA 02154		4.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SWETT, GEOFFREY		5.2 NAME	
STREET ADDRESS	11 INDEPENDENCE RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	PEPPERELL MA 01463		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KEMBEL, DAVID A		6.2 NAME	
STREET ADDRESS	1601 TRAPELO ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA 02154		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	106-38-6181	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