

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P09787 (3)

1. Corporation Name

NMC HOMECARE, INC.

Principal Place of Business

1601 TRAPELO ROAD
WALTHAM MA 02154-7333

Mailing Address

1601 TRAPELO ROAD
WALTHAM MA 02154-7333



3. Date Incorporated or Qualified
04/16/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
04-2898385

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 P
NAME SPEARS, PETER
STREET ADDRESS 11 HEARTHSTONE PLACE
CITY - ST - ZIP ANDOVER MA ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME HAMPERS, CONSTANTINE L
STREET ADDRESS EAST LAKE ROAD, BOX 494, OAKHILL
CITY - ST - ZIP DUBLIN NH ☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

400001794334

-04725796--01033--012

***5800.00

TITLE
NAME LIEBERMAN, MARC S
STREET ADDRESS 10 CROWN POINT ROAD
CITY - ST - ZIP SUDBURY MA ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE D
NAME LOWRIE, EDMUND G MD
STREET ADDRESS 57 JUNIPER ROAD
CITY - ST - ZIP WESTON MA ☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE T
NAME NOGEOLO, A M
STREET ADDRESS 19 WASHINGTON STREET
CITY - ST - ZIP SUDBURY MA ☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE S
NAME BOWEN, CAROL E
STREET ADDRESS 187 GROVE STREET
CITY - ST - ZIP LEXINGTON MA ☐ DELETE

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

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.

ASS'T TREASURER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

NMC HOMECARE, INC. AND SUBSIDIARIES
 AMERICAN HOMECARE EQUIPMENT, INC.
 NMC HOMECARE OF MICHIGAN, INC.
 NATIONAL MEDICAL CARE HOME CARESERVICE AGENCY, INC.
 PERSONAL CARE HEALTH SERVICES, INC.
 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
PETER F. SPEARS	DIRECTOR	015-36-9504	11 HEARTHSTONE PLACE ANDOVER, MA 01810

.....

OFFICERS	OFFICE HELD	SS NUMBER	HOME ADDRESS
PETER F. SPEARS	PRESIDENT	015-36-9504	11 HEARTHSTONE PLACE ANDOVER, MA 01810
JOHN AMBROSE	VICE PRESIDENT	517-44-0531	10 BRADLEY ROAD MARBLEHEAD, MA 01945
A. MILES NOGEOLO	TREASURER	012-34-5855	19 WASHINGTON DRIVE SUDBURY, MA 01776
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-8181	10 CROWN POINT ROAD SUDBURY, MA 01776
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