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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 # **P09787** **(3)**

1. Corporation Name
NMC HOMECARE, INC.

Principal Place of Business	Mailing Address
1601 TRAPELO ROAD **WALTHAM MA 02154-7333**	**1601 TRAPELO ROAD** **WALTHAM MA 02154-7333**

3. Date Incorporated or Qualified: **04/16/1986**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business
21 95 Hayden Ave.
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: **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

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SPEARS, PETER		1.2 NAME	
STREET ADDRESS	11 HEARTHSTONE PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAMPERS, CONSTANTINE L		2.2 NAME	
STREET ADDRESS	EAST LAKE ROAD, BOX 494, OAKHILL		2.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN NH		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LIEBERMAN, MARC S		3.2 NAME	
STREET ADDRESS	10 CROWN POINT ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA		3.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LOWRIE, EDMUND G MD		4.2 NAME	
STREET ADDRESS	57 JUNIPER ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA		4.4 CITY-ST-ZIP	
TITLE	T	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NOGELO, A M		5.2 NAME	
STREET ADDRESS	19 WASHINGTON STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA		5.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BOWEN, CAROL E		6.2 NAME	
STREET ADDRESS	187 GROVE STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA		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: [signature] MARC LIEBERMAN ASS'T TREASURER 4/23/97 617/402-9000

NMC HOMECARE, INC. AND SUBSIDIARIES
CONTINUE CARE OF WYOMING, INC.
LIST OF DIRECTORS AND OFFICERS

EFFECTIVE 01/01/1997

DIRECTORS	OFFICE HELD	SS NUMBER	HOME ADDRESS
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
MICHAEL SICILIAN	DIRECTOR	080-56-4356	10 CHOCTAW TRAIL RINGWOOD, NJ 07456

OFFICERS	OFFICE HELD	SS NUMBER	HOME ADDRESS
GEOFFREY W. SWETT	PRESIDENT	144-40-8739	42 KINGS WAY WALTHAM, MA 02154
ROBERT W. ARMSTRONG, III	VICE PRESIDENT TREASURER	017-36-2353	9 SALISBURY STREET WINCHESTER, MA 01890
LEON MARAIST	VICE PRESIDENT	434-60-5836	74 CHARTER ROAD ACTON, MA 01720
PATRICK MORIARTY	VICE PRESIDENT	021-38-2035	10 HENDERSON WAY MEDFIELD, MA 02052
MICHAEL SICILIAN	VICE PRESIDENT	080-56-4356	10 CHOCTAW TRAIL RINGWOOD, NJ 07456
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-36-6161	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	010-34-9716	50 SUNNYSIDE AVENUE READING, MA 01867
WILLIAM GRIECO	ASSISTANT SECRETARY	043-50-0983	115 MARLBOROUGH ST. BOSTON, MA 02116
STEPHANIE MASIELLO	ASSISTANT SECRETARY	002-58-1091	1413 NARRAGANSETT BOULEVARD CRANSTON, RI 02905

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

TELEPHONE #: (617)402-9000