
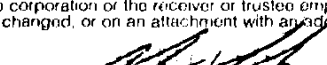


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 95 HAYDEN AVE LEXINGTON MA 02173 US			Mailing Address 95 HAYDEN AVE LEXINGTON MA 02173 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip			28 Zip		
24 Country			29 Country		
25			30		
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		
85 Zip Code			FL		
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 NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I 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:  ASS'T TREASURER 4/10/98 (787) 402-9000					

CR2E034 (10/97)

**NMC HOMECARE, INC.**

**LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 2/24/98**

<b>DIRECTORS</b>	<b>OFFICE HELD</b>	<b>BUSINESS ADDRESS</b>
<b>BRUCE BLOMSTROM</b>	<b>DIRECTOR</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>BEN LIPPS</b>	<b>DIRECTOR</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>MICHAEL SICILIAN</b>	<b>DIRECTOR</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>OFFICERS</b>	<b>OFFICE HELD</b>	<b>BUSINESS ADDRESS</b>
<b>BRUCE BLOMSTROM</b>	<b>PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>DANIEL J. O'GRADY</b>	<b>VICE PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>MICHAEL SICILIAN</b>	<b>VICE PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>HEINZ SCHMIDT</b>	<b>TREASURER</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>MARC S. LIEBERMAN</b>	<b>ASSISTANT TREASURER</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>JAMES V. LUTHER</b>	<b>ASSISTANT TREASURER</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>WILLIAM GRIECO</b>	<b>SECRETARY</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>JILL PORTER</b>	<b>ASSISTANT SECRETARY</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>