

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09787

1. Entity Name

NMC HOMECARE, INC.

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90160 001 *6,000.00

Principal Place of Business

Mailing Address

95 HAYDEN AVE
LEXINGTON MA 02420
US

95 HAYDEN AVE
LEXINGTON MA 02421-7942
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2898385

Applied For

Not Applicable

Zip

Country

Zip

Country

02420

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
LIEBERMAN, MARC S
95 HAYDEN AVE
LEXINGTON MA 02420 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BRUCE BLOMSTROM
95 HAYDEN AVE
LEXINGTON MA 02420 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LIPPS, BEN
95 HAYDEN AVE
LEXINGTON MA 02420 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HEINZ SCHMIDT
95 HAYDEN AVE
LEXINGTON MA 02420 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
YI, RAMON
95 HAYDEN AVE
LEXINGTON ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WILLIAM GRIEGO
95 HAYDEN AVE
LEXINGTON MA 02420 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KUERBITZ, RONALD
95 HAYDEN AVE
LEXINGTON MA 02420 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DAWSON, CRAIG
95 HAYDEN AVE
LEXINGTON MA 02420 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
JILL PORTER
95 HAYDEN AVE
LEXINGTON MA 02420 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARC LIEBERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC LIEBERMAN

4-9-00

181-402-9000

Date

Daytime Phone #

CR2E034 (9/99)

P09787
13080

NMC HOMECARE, INC.

**LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 01/01/2000**

DIRECTORS	OFFICE HELD	RESIDENCE
BEN J. LIPPS	DIRECTOR	67 MARLBOROUGH ST., UNIT 3 BOSTON, MA 02116
OFFICERS	OFFICE HELD	RESIDENCE
BEN J. LIPPS	PRESIDENT	67 MARLBOROUGH ST., UNIT 3 BOSTON, MA 02116
RAMON YI	TREASURER	30 FAITH DRIVE DERRY, NH 03038
MARC S. LIEBERMAN	ASSISTANT TREASURER	10 CROWN POINT ROAD SUDBURY, MA 01776
RONALD J. KUERBITZ	SECRETARY	47 PARK AVENUE WELLESLEY, MA 02481

CORPORATE HEADQUARTERS:

*2 Ledgemont Center
95 Hayden Avenue
Lexington, MA 02420*