

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24234

1. Entity Name

HOME INTENSIVE CARE, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90160 001 \*6,000.00

Principal Place of Business <b>95 HAYDEN AVE LEXINGTON MA 02420 US</b>	Mailing Address <b>95 HAYDEN AVE LEXINGTON MA 02421-7942 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
		02420	

4. FEI Number <b>61-0892053</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT LIEBERMAN, MARC 95 HAYDEN AVE LEXINGTON MA 02420</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SYED KAMAL 95 HAYDEN AVE LEXINGTON MA 02420</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HEINZ J SCHMIDT 95 HAYDEN AVE LEXINGTON MA 02420</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DOUGLAS G KOTT 95 HAYDEN AVE LEXINGTON MA 02420</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JOSEPH J RUMA 95 HAYDEN AVE LEXINGTON MA 02420</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>P LIPPS, BEN 95 HAYDEN AVE LEXINGTON, MA 02420</b>	

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:

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

Date

Daytime Phone #

**4-7-00 781-402-9000**

CR2E034 (9/99)

124234  
13071

## HOME INTENSIVE CARE, INC.

### LIST OF OFFICERS AND DIRECTORS 03/23/2000

<b>DIRECTORS</b>	<b>OFFICE HELD</b>	<b>RESIDENCE</b>
BEN J. LIPPS	DIRECTOR	67 MARLBOROUGH STREET, #3 BOSTON, MA 02116
DWIGHT MORGAN	DIRECTOR	2 JAY LANE ACTON, MA 04001
<b>OFFICERS</b>	<b>OFFICE HELD</b>	<b>RESIDENCE</b>
BEN J. LIPPS	PRESIDENT	67 MARLBOROUGH STREET, #3 BOSTON, MA 02116
JOSEPH J. RUMA	VICE PRESIDENT	15 BLUEBERRY HILL ROAD ANDOVER, MA 01810
RONALD J. KUERBITZ	VICE PRESIDENT	47 PARK AVENUE WELLESLEY, MA 02481
ROBERT MCCORTY	VICE PRESIDENT	2 WALTER CIRCLE WESTFORD, MA 01886
DWIGHT MORGAN	VICE PRESIDENT	2 JAY LANE ACTON, MA 04001
RAMON YI	TREASURER	30 FAITH DRIVE DERRY, NH 03038
MARC S. LIEBERMAN	ASSISTANT TREASURER	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	50 SUNNYSIDE AVENUE READING, MA 01867
DOUGLAS G. KOTT	SECRETARY	97 GLEN STREET SOUTH NATICK, MA 01760
DEBORAH CASEY	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARK C. WILSON	ASSISTANT SECRETARY	382 MT. BLUE STREET NORWELL, MA 02061

**CORPORATE HEADQUARTERS:**  
95 Hayden Avenue  
Lexington, MA 02420