


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 30 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P24234</b> 1. Entity Name HOME INTENSIVE CARE, INC.	
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Principal Place of Business 95 HAYDEN AVE LEXINGTON, MA 02420 US	Mailing Address ATTN: TAX DEPT., 95 HAYDEN AVE LEXINGTON, MA 02420 US
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03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	AT
NAME	LIEBERMAN, MARC
STREET ADDRESS	95 HAYDEN AVE
CITY-ST- ZIP	LEXINGTON, MA 02420
TITLE	S
NAME	KOTT, DOUGLAS
STREET ADDRESS	95 HAYDEN AVE
CITY-ST- ZIP	LEXINGTON, MA 02420
TITLE	VP
NAME	RUMA, JOSEPH
STREET ADDRESS	95 HAYDEN AVE
CITY-ST- ZIP	LEXINGTON, MA 02420
TITLE	DP
NAME	LIPPS, BEN
STREET ADDRESS	95 HAYDEN AVENUE
CITY-ST- ZIP	LEXINGTON, MA 02420
TITLE	VP
NAME	KUERBITZ, RONALD
STREET ADDRESS	95 HAYDEN AVE
CITY-ST- ZIP	LEXINGTON, MA 024209192
TITLE	AT
NAME	COLANTONIO, PAUL
STREET ADDRESS	95 HAYDEN AVE
CITY-ST- ZIP	LEXINGTON, MA 024209192

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DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Colantonio*      3/18/04      781 402 9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone \*

*Attachment*

*# P24234*

**HOME INTENSIVE CARE, INC.**

FEIN 61-0892053

LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 03/17/03

<b>DIRECTORS</b>	<b>OFFICE</b>	<b>BUSINESS</b>
BEN J. LIPPS	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
<b>OFFICERS</b>	<b>OFFICE</b>	<b>BUSINESS</b>
BEN J. LIPPS	PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
RONALD J. KUERBITZ	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
ROBERT MCGORTY	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
JOSEPH J. RUMA	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARK FAWCETT	TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
PAUL J. COLANTONIO	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARC S. LIEBERMAN	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
DOUGLAS G. KOTT	SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420
DEBORAH CASEY	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420