2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT								FILED				
DOCUMENT # P24234								1 11				
1. Entity Nam						05 MAR 2	9 AM IO	: 23				
HOME INTENSIVE CARE, INC.					建			UJ MAN Z	O All IC	, 20		
•						155		SECRETAR	Y OF ST	ATE		
Principal Place of Business Mailing Address								TALILAHASS	EE, FLO	RIDA		
				ATTN: TAX DEPT., 95 HAYDEN AVE			•					
LEXINGTON, MA 02420 US LEXINGTON, MA 0			LEXINGTON, MA 02420	O US								
2. Principal P	lace of Busin	nėss	3. Mailing Address									
Suito Ant	# ata		Suite, Apt. #, etc.									
Suite, Apt. #, etc.			Suite, Apr. #, etc.			03042005	Chg-P	CR2E0	34 (10/03)			
City & State			City & State			4. FEI Numb			_ 	plied For		
Zip Country		Zip Country		itry		61-089	2053		\$8.75 Addi	t Applicable		
		Country	240	ı Çoui	,		Certificate	of Status Desired		Fee Required		
	6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered A	Agent		
C T CORP	OBATION	ICVOTEM			Name							
1200 S. PI					Street A	ddress (P.O. Box Numb	er is Not Acceptab	e)	-		
PLANTATI	ON, FL 3	3324										
					<u> </u>					7in Code		
					City				FL	<u> </u>		
	named entitions of regist		r the purpose of changing its	register	ed office or	register	red agent, or bo	th, in the State of F	lorida. I am i	familiar with,	and accept	
and Obligat	ions of regis	ieres agam.										
SIGNATURE_	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registere	ed Agent signatu	ire required	when reinstating)		DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE												
		FEE IS \$150.00	9. Election Campa Trust Fund Cont			\$5.	.00 May Be led to Fees					
Arter M	ay 1, 200	5 Fee will be \$550.0	, made y and dent			, 100						
10.	4.7	OFFICERS AND		11.			ADDITIONS	/CHANGES TO OF	FICERS AND			
TITLE NAME	AT Delete III								Change	☐ Addition		
STREET ADDRESS	·				EET ADDRESS							
CITY-ST-ZIP	LEXINGTON, MA 02420			cm	Y-ST-ZIP							
TITLE				TITL						Change	Addition	
NAME STREET ADDRESS	1			NAN STR	AE Eet address		10		1107	34Tt 1		
CITY-ST-ZIP		ON, MA 02420		cm	r-St-ZiP		04/08	000500 3/0501047	DOI	**3250	. იი	
TITLE	VP		☐ Delete	TITL	E						☐ Addition	
NAME	RUMA, JO			NAM								
STREET ADDRESS CITY-ST-ZIP	95 HAYD	EN AVE ON, MA 02420			EET ADDRESS Y-ST-ZIP	1						
TITLE	DP	011, 1117 02-120	Delete	TITE		DP				☐ Change	C Addition	
NAME	LIPPS, BI	EN		NAM			s Wahlst	rom				
STREET ADDRESS		EN AVENUE			EET ADDRESS	95 I	Hayden A	ve				
CITY-ST-ZIP		ON, MA 02420	—		Y-ST-ZIP	Lex:	ington,	MA 02420		Channe	- Indultion	
TITLE NAME	VP							☐ Change	Addition			
STREET ADDRESS				EET ADDRESS	1							
CITY-ST-ZIP	LEXINGTON, MA 024209192			Y-ST-ZIP								
TITLE	AT								☐ Change	☐ Addition		
NAME STREET ADDRESS	· _			KE EET ADDRESS								
					Y-ST-ZIP							
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 eath, that I am an officer or director.												
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 trustere empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted, or on an attachment with an address, with all other like empowered.												
Lilanged												
SIGNAT	TURE: _	VA LA	to		11 Col	anto	nio 3/1	<u> </u>	1-402-9			
		SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER	OR DIREC	HOI			Date		Daytime Phone #	1	

HOME INTENSIVE CARE, INC.

FEIN 61-0892053

LIST OF OFFICERS AND DIRECTORS EFFECTIVE 05/12/04

DIRECTORS	OFFICE	BÜSINESS
MATS WAHLSTROM	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
OFFICERS	OFFICE	BUSINESS
MATS WAHLSTROM	PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
RONALD J. KUERBITZ	SR. 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, MÅ 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