

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR -6 AM 9:23

DOCUMENT # P24234

1. Entity Name  
HOME INTENSIVE CARE, INC.



Principal Place of Business  
95 HAYDEN AVE  
LEXINGTON, MA 02420 US

Mailing Address  
ATTN: TAX DEPT., 95 HAYDEN AVE  
LEXINGTON, MA 02420 US



03232006 No Chg-P CR2E034 (11/05)

150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number  
61-0892053

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 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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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

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	WAHLSTROM, MATS
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Colantonio

Assistant Treasurer

Date

Daytime Phone #

3/23/06

4/6/06

**HOME INTENSIVE CARE, INC.**

FEIN 61-0892053

**LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 10/14/05**

<b>DIRECTORS</b>	<b>OFFICE</b>	<b>BUSINESS</b>
MATS WAHLSTROM	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
<b>OFFICERS</b>	<b>OFFICE</b>	<b>BUSINESS</b>
MATS WAHLSTROM	PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
RONALD J. KUERBITZ	EXEC. 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