

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

2. Principal Place of Business - No P.O. Box #
920 Winter Street

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Waltham MA

City & State

Zip
02451

Country

Zip

Country

03302007

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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. 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KOTT, DOUGLAS
95 HAYDEN AVE
LEXINGTON, MA 02420 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RUMA, JOSEPH
95 HAYDEN AVE
LEXINGTON, MA 02420 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WAHLSTROM, MATS
95 HAYDEN AVENUE
LEXINGTON, MA 02420 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KUERBITZ, RONALD
95 HAYDEN AVE
LEXINGTON, MA 024209192 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
COLANTONIO, PAUL
95 HAYDEN AVE
LEXINGTON, MA 024209192 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
920 Winter Street
Waltham, MA 02451

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
100101462301
05/04/07--D1005--001 **4650.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
B "S/2/07

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.

Marc S. Lieberman

Assistant Treasurer

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

781-699-9000

Daytime Phone #

FILED

2007 APR 25 14:10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

