

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 MAY -1 AM 7:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P36090

(9)

1. Corporation Name

NMC VENTURES, INC.

Principal Place of Business

1601 TRAELO ROAD  
WALTHAM MA 02154

Mailing Address

1601 TRAELO ROAD  
WALTHAM MA 02154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

04-3134792

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ No ☐ Yes

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required after May 1, 1995)

(Signature of Registered Agent required after May 1, 1995)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                  |
|----------------|----------------------------------|
| FILE           | D                                |
| NAME           | SPEARS, PETER                    |
| STREET ADDRESS | 11 HEARTHSTONE PLACE             |
| CITY, ST, ZIP  | ANDOVER MA                       |
| FILE           | VP                               |
| NAME           | AMBROSE, JOHN                    |
| STREET ADDRESS | 10 BRADLEY ROAD                  |
| CITY, ST, ZIP  | MARBLEHEAD MA                    |
| FILE           | VP                               |
| NAME           | KOLF, JAMES                      |
| STREET ADDRESS | 6 ORCHARD CIRCLE                 |
| CITY, ST, ZIP  | SWANSCOTT MA                     |
| FILE           | S                                |
| NAME           | WHITING, JOHN K IV               |
| STREET ADDRESS | 16 UNION STREET                  |
| CITY, ST, ZIP  | NORFOLK MA                       |
| FILE           | T                                |
| NAME           | NOGELO, A. M                     |
| STREET ADDRESS | 19 WASHINGTON STREET             |
| CITY, ST, ZIP  | SUDBURY MA                       |
| FILE           | D                                |
| NAME           | HAMPERS, CONSTANTINE L           |
| STREET ADDRESS | EAST LAKE ROAD, BOX 494, OAKHILL |
| CITY, ST, ZIP  | DUBLIN NH                        |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 FILE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  |                                                                   |
| 2.1 FILE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  |                                                                   |
| 3.1 FILE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  |                                                                   |
| 4.1 FILE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  |                                                                   |
| 5.1 FILE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  |                                                                   |
| 6.1 FILE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY, ST, ZIP  |                                                                   |

SEE ATTACHED

500001482205  
-05/10/95--01023--008  
\*\*\*3200.00 \*\*\*\*\*200.00

SIGNATURE:

*[Signature]*

MARC L. LIBERMAN

1ST TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

607-466-9850

**RMC HOMECARE, INC. AND SUBSIDIARIES  
LIST OF DIRECTORS AND OFFICERS**

**EFFECTIVE 04/10/1995**

| <b>DIRECTORS</b><br>*****    | <b>OFFICE<br/>HELD</b><br>***** | <b>SS NUMBER</b><br>***** | <b>HOME ADDRESS</b><br>*****                           |
|------------------------------|---------------------------------|---------------------------|--------------------------------------------------------|
| CONSTANTINE<br>HAMBERS, M.D. | DIRECTOR                        | 190-24-4386               | EAST LAKE ROAD<br>BOX 494, OAKHILL<br>DUBLIN, NH 03444 |
| EDMUND G.<br>LOWRIE, M.D.    | DIRECTOR                        | 383-36-2176               | 21 EDMONDS ROAD<br>CONCORD, MA 01712                   |
| PETER F.<br>SPEARS           | DIRECTOR                        | 015-36-9504               | 11 HEARTHSTONE PLACE<br>ANDOVER, MA 01810              |

\*\*\*\*\*

| <b>OFFICERS</b><br>*****  | <b>OFFICE<br/>HELD</b><br>***** | <b>SS NUMBER</b><br>***** | <b>HOME ADDRESS</b><br>*****               |
|---------------------------|---------------------------------|---------------------------|--------------------------------------------|
| PETER F.<br>SPEARS        | PRESIDENT                       | 015-36-9504               | 11 HEARTHSTONE PLACE<br>ANDOVER, MA 01810  |
| JOHN<br>AMBROSE           | VICE PRESIDENT                  | 517-44-0531               | 10 BRADLEY ROAD<br>MARBLEHEAD, MA 01945    |
| EDMUND G.<br>LOWRIE, M.D. | VICE PRESIDENT                  | 383-36-2176               | 21 EDMONDS ROAD<br>CONCORD, MA 01712       |
| A. MILES<br>NOGEOLO       | TREASURER                       | 012-34-5855               | 19 WASHINGTON DRIVE<br>SUDBURY, MA 01776   |
| MARC S.<br>LIEBERMAN      | ASSISTANT<br>TREASURER          | 108-38-6181               | 10 CROWN POINT ROAD<br>SUDBURY, MA 01776   |
| NORMAN<br>C. ALT          | SECRETARY                       | 139-32-1783               | 28 WOODLAND AVENUE<br>BRONXVILLE, NY 10708 |
| CAROL E.<br>BOWEN         | ASSISTANT<br>SECRETARY          | 139-44-5206               | 187 GROVE STREET<br>LEXINGTON, MA 02173    |

**\*BUSINESS ADDRESS FOR OFFICERS/DIRECTORS\***  
RESERVOIR PLACE  
1601 TRAPELO ROAD  
WALTHAM, MA 02154  
(617)466-9850