

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90160 001 *6,000.00

DOCUMENT # P36090

1. Entity Name

NMC VENTURES, INC.

Principal Place of Business	Mailing Address
HAYDEN AVE LEXINGTON MA 02420	95 HAYDEN AVE LEXINGTON MA 02421-7942 US

13085



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04-3134792	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	<input type="checkbox"/>	
		02420			

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	AT	TITLE	
NAME	LIEBERMAN, MARC	NAME	
STREET ADDRESS	95 HAYDEN AVE	STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02420	CITY-ST-ZIP	
TITLE	D	TITLE	D
NAME	BRUCE BLOMSTROM	NAME	LIPPS, BEN
STREET ADDRESS	95 HAYDEN AVE	STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON MA 02420	CITY-ST-ZIP	LEXINGTON MA 02420
TITLE	AT	TITLE	
NAME	JAMES V LUTHER	NAME	
STREET ADDRESS	95 HAYDEN AVE	STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02420	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	JILL PORTER	NAME	
STREET ADDRESS	95 HAYDEN AVE	STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02420	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC LIEBERMAN 4/9/00 781-402-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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**HOME NUTRITIONAL SERVICES, INC.
HNS ACCUCARE, INC.
HNS INTEGRATED CARE CENTERS, INC.
HNS MEDICAL TECHNOLOGY SERVICES, INC.
HNS QUALITY HOME CARE, INC.
NMC VENTURES, INC.**

**LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 01/01/2000**

DIRECTORS	OFFICE HELD	SS#	RESIDENCE
BEN LIPPS	DIRECTOR	305-44-0223	67 MARLBOROUGH STREET, UNIT 3 BOSTON, MA 02116
OFFICERS	OFFICE HELD	SS#	RESIDENCE
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-6181	10 CROWN POINT ROAD SUDBURY, MA 01766
JAMES V. LUTHER	ASSISTANT TREASURER	010-34-9716	50 SUNNYSIDE AVENUE READING, MA 01867

CORPORATE HEADQUARTERS:
95 Hayden Avenue
Lexington, MA 02420