

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAY -1 AM 7:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36491 (9)

1. Corporation Name
NMC SERVICES, INC.

400001482214
-05/10/95--01023--008
3200.00 *200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 04-3136699	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 ☒ Yes ☐ No	

Principal Place of Business RESERVOIR PLACE 1601 TRAPELO ROAD WALTHAM MA 02154		Mailing Address RESERVOIR PLACE 1601 TRAPELO ROAD WALTHAM MA 02154	
2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip		
24 Country	29 Country		
25	30		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 officer or director of corporation or registered agent and the corporation)

(NOTE: Registered Agent signature required after the filing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAMPERS, CONSTANTINE L
STREET ADDRESS	EAST LAKE ROAD, OAKHILL
CITY, ST, ZIP	DUBLIN NH
TITLE	S
NAME	WHITING, JOHN K IV
STREET ADDRESS	36 UNION STREET
CITY, ST, ZIP	NORFOLK MA
TITLE	T
NAME	NOGELO, A M
STREET ADDRESS	19 WASHINGTON STREET
CITY, ST, ZIP	SUDBURY MA
TITLE	D
NAME	LOWRIE, EDMUND G MD
STREET ADDRESS	57 JUNIPER ROAD
CITY, ST, ZIP	WESTON MA
TITLE	D
NAME	LOWRIE, ERNESTINE M
STREET ADDRESS	57 JUNIPER ROAD
CITY, ST, ZIP	WESTON MA
TITLE	VP
NAME	ARMSTRONG, ROBERT
STREET ADDRESS	17 PINE STREET
CITY, ST, ZIP	WELLESLEY HILLS MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

SEE ATTACHED

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **MARC LIEBERMAN** **ASS'T TREASURER** **4/27/95** **617-466-9850**

NMC SERVICES, INC.
LIST OF DIRECTORS AND OFFICERS

EFFECTIVE 09/01/1994

DIRECTORS *****	OFFICE HELD *****	SS NUMBER *****	HOME ADDRESS *****
CONSTANTINE HAMPERS, M.D.	DIRECTOR	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
EDMUND G. LOWRIE, M.D.	DIRECTOR	383-36-2176	21 EDMONDS ROAD CONCORD, MA 01712
ERNESTINE M. LOWRIE	DIRECTOR	034-26-2791	21 EDMONDS ROAD CONCORD, MA 01712

OFFICERS *****	OFFICE HELD *****	SS NUMBER *****	HOME ADDRESS *****
CONSTANTINE HAMPERS, M.D.	PRESIDENT	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
ERNESTINE M. LOWRIE	VICE PRESIDENT	034-26-2791	21 EDMONDS ROAD CONCORD, MA 01712
EDMUND G. LOWRIE, M.D.	VICE PRESIDENT	383-36-2176	21 EDMONDS ROAD CONCORD, MA 01712
ROBERT W. ARMSTRONG, III	VICE PRESIDENT	017-36-2353	17 PINE STREET WELLESLEY HILLS, MA 02181
NORMAN ALT	VICE PRESIDENT/ ASS'T SECR.	139-32-1783	28 WOODLAND AVE BRONXVILLE, NY 10708
A. MILES NOGELO	TREASURER	012-34-5855	19 WASHINGTON DRIVE SUDBURY, MA 01776
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-6181	10 CROWN POINT ROAD SUDBURY, MA 01776
JOHN K. WHITING IV	SECRETARY	295-44-1279	36 UNION STREET NORFOLK, MA 02056

BUSINESS ADDRESS FOR OFFICERS/DIRECTORS
 RESERVOIR PLACE
 1601 TRAPELO ROAD
 WALTHAM, MA 02154
 (617) 468-9850