FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1 CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P92000008240 (3)

1. Corporation Name
GYNESIS HEALTHCARE FOR WOMEN OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1601 TRAPELO RD WALTHAM MA 02154 US	1601 TRAPELO RD WALTHAM MA 02154 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 65-0373470 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

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 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: (Typed or printed name of registered agent and title if applicable) (Registered Agent signature required for filing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	11 TITLE	☐ Change ☐ Addition
NAME	GOMPERS, WILLIAM C	12 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD., 7TH FLOOR	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	CEFARATTI, JAMES	22 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD., 7TH FLOOR	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	VTD	31 TITLE	☐ Change ☐ Addition
NAME	BIRNBAUM, JOEL	32 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD., 7TH FLOOR	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	ELFENBEIN, MICHAEL	42 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD., 7TH FLOOR	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HAMPERS, CONSTANTINE	52 NAME	
STREET ADDRESS	EAST LAKE RD	53 STREET ADDRESS	
CITY ST ZIP	DUBLIN NH	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LOWRIE, EDMUND G	62 NAME	
STREET ADDRESS	21 EDMONDS RD	63 STREET ADDRESS	
CITY ST ZIP	CONCORD MA	64 CITY ST ZIP	

SEE ATTACHED

RC

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: Marc Lieberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASS'T TREASURER 4/27/95 617-426-9850
Date / Daytime Phone #

0000240 CP

HOME INTENSIVE CARE, INC. SUBSIDIARIES
LIST OF DIRECTORS AND OFFICERS

EFFECTIVE 04/10/1995

DIRECORS	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	VICE PRESIDENT	034-26-2791	21 EDMONDS ROAD CONCORD, MA 01712
PETER F. SPEARS	DIRECTOR	015-36-9504	11 HEARTHSTONE PLACE ANDOVER, MA 01810

OFFICERS	OFFICE *HELD*	*SS NUMBER*	*HOME ADDRESS*
ERNESTINE M. LOWRIE	PRESIDENT	034-26-2791	21 EDMONDS ROAD CONCORD, MA 01712
CONSTANTINE HAMPERS, M.D.	VICE PRESIDENT	383-36-2176	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
PETER F. SPEARS	VICE PRESIDENT	015-36-9504	11 HEARTHSTONE PLACE ANDOVER, MA 01810
PATRICK MORIARTY	VICE PRESIDENT	021-38-2035	10 HENDERSON WAY MEDFILED, MA 02052
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
DAVID A. KEMBEL	SECRETARY	522-55-5894	151 REED FARM ROAD BOXBOROUGH, MA 01719
CAROL E. BOWEN	ASSISTANT SECRETARY	139-44-5206	187 GROVE STREET LEXINGTON, MA 02173

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