

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

1-2

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000008240 (3)

1. Corporation Name

GYNESIS HEALTHCARE FOR WOMEN OF FLORIDA, INC.



Principal Place of Business

1601 TRAPELO RD
WALTHAM MA 02154
US

Mailing Address

1601 TRAPELO RD
WALTHAM MA 02154
US

2. Principal Place of Business

2a. Mailing Address

21

26

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

3. Date Incorporated or Qualified
11/30/1992

3a. Date of Last Report
05/01/1995

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 s. 199.032, Florida Statutes ☒ Yes ☐ No

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	GOMPERTS, WILLIAM C	
STREET ADDRESS	12000 BISCAYNE BLVD., 7TH FLOOR	
CITY-STATE-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CEFARATTI, JAMES	
STREET ADDRESS	12000 BISCAYNE BLVD., 7TH FLOOR	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	BIRNBAUM, JOEL	
STREET ADDRESS	12000 BISCAYNE BLVD., 7TH FLOOR	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELFENBEIN, MICHAEL	
STREET ADDRESS	12000 BISCAYNE BLVD., 7TH FLOOR	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMPERS, CONSTANTINE	
STREET ADDRESS	EAST LAKE RD	
CITY-STATE-ZIP	DUBLIN NH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOWRIE, EDMUND G	
STREET ADDRESS	21 EDMONDS RD	
CITY-STATE-ZIP	CONCORD MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

800001794358
-04725796--01033--012
***\$800.00

SEE ATTACHED

2-4-24

14. I do 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASS'T TREASURER

4-1-95

617-466-9850

CR2E034 (12/95)

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

EFFECTIVE 03/15/1996

DIRECTORS *****	OFFICE HELD *****	SS NUMBER *****	HOME ADDRESS *****
CONSTANTINE HAMPERS, M.D.	DIRECTOR	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
GEOFFREY SWETT	DIRECTOR	144-40-8739	11 INDEPENDENCE RD PEPPERELL, MA 01463
PETER F. SPEARS	DIRECTOR	015-36-9504	11 HEARTHSTONE PLACE ANDOVER, MA 01810

OFFICERS *****	OFFICE HELD *****	SS NUMBER *****	HOME ADDRESS *****
GEOFFREY SWETT	PRESIDENT	144-40-8739	11 INDEPENDENCE RD PEPPERELL, MA 01463
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 MEDFIED, MA 02052
A. MILES NOGEO	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