FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200008240 (3)

GYNESIS HEALTHCARE FOR WOMEN OF FLORIDA, INC.

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

1601 TRAPELO RD WALTHAM MA 02154-7333

FILED May 15 1997 8:00am Secretary of State



US		US			[
					 Date Incorporated or Qualified 11/30/1992 	3a. Date of La 04/24/19		
2. Principal Pl	lace of Business	2a. Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number		Applied For	
21 45	Hayden Ave	26 Lodine	26 Same		65-0373470 Not Applica		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired S8.75 Additional		75 Additional	
22		27		5. Certificate of Status Desired	Fr Fr	ee Required		
City & State	0	City & State			6. Election Campaign Financing \$5.00 May Be			
23 6	naton, mn	n, mn 28			Trust Fund Contribution			
Zip	Country	Zib			8. This corporation has liability for i	8. This corporation has liability for intangible tax under s. 199.032,		
24 02		29	30		Florida Statutes 🔲 Yes 💢 No			
	9. Name and Address of Current	l Registered Agent			10. Name and Address of New Re	gistered Agent		
CT	CORPORATION SYSTEM		[1	31 Name			1	
1200 SOUTH PINE ISLAND ROAD		h	82 Street Address (P.O. Box Number is Not Acceptable)					
PLA	NTATION FL 33324		ľ	62 Street Address (n.o. Box Number is Not Acceptable)				
			. [33				
			ļ.			~~~~		
				34 City		<u> </u>	Zip Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State i m familiar with, and accept the obliga	of Horida, Such change was	authorized	by the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of chang of the appointme	ing its registered nt as registered	
SIGNATURE	Signature, typed or printed name of registered eger		·		juired when reinstating)	DATE		
12.	OFFICERS AND		13.	Agent skilnature red	ADDITIONS/CHANGES TO OFFIC		27.089.161	
TITLE	AT	DELETE	1100		ABBITIONS/CHANGES TO OTHE	☐ Chi		
NAME	LIEBERMAN, MARC		1.2 NAI				ange rice.com	
	10 CROWN POINT RD.							
STREET ADDRESS	SUDBURY MA 01776		1	FET ADDRESS				
CITY-ST-ZIP	D OODDON'N WAY 01770	DELETE		r - \$1 - 2th		Chi	anne Addition	
TITLE	HAMPERS, CONSTANTINE	A DELLE	2.1 7(1)	1			ange LI Adumon I	
NAME	EAST LAKE RD		2.2 NAI)		3		
STREET ADDRESS	DUBLIN NH		2.3 \$1)	TET ADDRESS		ž		
CITY-ST-ZIP	DODLIN NO	The state of the s		Y-ST-7/P				
TITLE		☐ DELETE	3.1]111	l l		Cha	ange L Addition	
NAME			3.2 ŅA	AE .	<i>~</i>			
STREET ADDRESS			3.3 \$16	EET ADDRESS			1	
CITY-ST-ZIP				Y-S1-ZIP	est Kreek			
TITLE		☐ DELETE	4 1 Ť)TI	F	EY.	∐ Cha	ange 🔲 Addition	
NAME			4 2 NA	ME	637		į	
STREET ADDRESS			4.3 \$16	EET ADDRESS	•			
CITY-ST-ZIP			4.4 GIT	r - S1 - 7/P				
TITLE		DELETE	5.1 7(1)	F		Chi	ange Addition	
NAME			5.2 NAI	AC				
STREET ADDRESS			5.3 STE	EET AODRESS				
CITY-ST-ZIP				Y-ST-71P)	
TITLE		DELETE	6.1 1/11			Ch;	ange Addition	
I NAME I			6.2 NA			0.,	J	
STREET ADDRESS				EF1 ADORESS			ļ	
CITY-ST-ZIP		 	<u> 6.4 OI1</u>	Y-ST-ZIP				

I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

the state of

MARC LIEBERMAN ASS'T TREASURE

4/1/6

617/402-9000

HOME INTENSIVE CARE, INC. LIST OF DIRECTORS AND OFFICERS

EFFECTIVE 01/01/1997

	OFFICE		
DIRECTORS	HELD	SS NUMBER	HOME ADDRESS
SYED			4 LISA LANE
KAMAL	DIRECTOR	436-35-9080	ACTON, MA 01720
BEN	·		24 SEQUOIA LANE
LIPPS, PH.D.	DIRECTOR	305-44-0223	Walnut Creek, CA 94595
GEOFFREY W.		·	42 Kings WAY
swett	DIRECTOR	144-40-6739	Waltham, Ma 02154
	OFFICE		
OFFICERS	HELD	SS NUMBER	HOME ADDRESS
GEOFFREY W.			42 Kings Way
SWETT	PRESIDENT	144-40-8739	Waltham, MA 02154
PATRICK			10 HENDERSON WAY
MORIARTY	VICE PRESIDENT	021-38-2035	MEDFIELD, MA 02052
ROBERT W.			9 SALISBURY STREET
Armstrong, III	TREASURER	017-36-2353	Winchester, MA 01890
MARC S.	ASSISTANT		10 CROWN POINT ROAD
LIEBERMAN	TREASURER	108-38-6181	SUDBURY, MA 01776
James V.	ASSISTANT		50 SUNNYSIDE AVENUE
LUTHER	TREASURER	010-34-9716	READING, MA 01867
DAÝID A.			151 REED FARM ROAD
KEMBEL	SECRETARY	522-88-5894	BOXBOROUGH, MA 01719

CORPORATE HEADQUARTERS: TWO LEDGEMONT CENTER 95 HAYDEN AVENUE LEXINGTON, MA 02173

TELEPHONE #: (617)402-9000

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