

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001481947
-05/10/95--01008--001
***2000.00 ***200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000012226 (6)

1. Corporation Name

~~PD SOLUTIONS OF FLORIDA, INC.~~
NMC Latin America, Inc

Principal Place of Business

1801 TRAPELO RD
WALTHAM MA 02154
US

Mailing Address

1801 TRAPELO RD
WALTHAM MA 02154
US

3. Date Incorporated or Qualified
12/15/1992

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

25 Suite, Apt. #, etc

4. FEI Number

65-0378788

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

9. This corporation has notice for intangible tax under G. 139.002,
Florida Statutes ☒ Yes ☐ No

22 Zip

Country

26 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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 the corporation

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SPEARS, PETER F
STREET ADDRESS 11 HEARTHSTONE PLACE
CITY ST ZIP ANDOVER MA

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

TITLE VD
NAME LOWRIE, EDMUND G
STREET ADDRESS 21 EDMONDS RD
CITY ST ZIP CONCORD MA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

TITLE T
NAME NOGELO, A M
STREET ADDRESS 19 WASHINGTON DR
CITY ST ZIP SUDBURY MA

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

TITLE S
NAME WHITING, JOHN K
STREET ADDRESS 38 UNION ST
CITY ST ZIP NORFOLD MA

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

TITLE AS
NAME BOWEN, CAROL E
STREET ADDRESS 187 GROVE ST
CITY ST ZIP LEXINGTON MA

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

TITLE AS
NAME KEMBEL, DAVID A
STREET ADDRESS 151 REED FARM RD
CITY ST ZIP BOXBOROUGH MA

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

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 appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC LIEBERMAN ARS'T TREASURER

4/28/95 617-466-9850

4

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

EFFECTIVE 04/10/1995

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	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 MEDFIED, 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