| <b>FILE NOW: FILING FEE AFTER</b> | MAY 1 IS \$225.00 |
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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

| Mating Andress   Mati   | 1. Corporatio                   | MENT # P9200  LITY CARE DIALYSIS CENT               | ER OF MARGATE, IN                   | •                                      |   |  |
|--|---------------------------------|---|-------------------------------------|--|---|--|
| 2. Principal Place of Business   2a. Making Address   2a. Making Address | 1601 TRAI<br>WALTHAM            | PELO RD   | 1601 TRAPELO RD<br>WALTHAM MA 02154 | 4                                      |   |  |
| Sulfix, Apt. #, etc.   |                                 |   |                                     |  | 3. Date Incorporated or Qualified 12/14/1992  | 3a. Date of Last Report 05/01/1995     |
| Solic, Apt. 8, etc.    Solic, Apt. 8, etc.   | <ol> <li>Principal P</li> </ol> | lace of Business                                    | h1 "                                |  | 4. FEI Number<br>65-0379757   | Applied For<br>Not Applicable          |
| City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & C |                                 | #, etc.   | ·1                                  |  | 5. Certificate of Status Desired  | \$8.75 Additional                      |
| Zp   |                                 | e   |                                     |  | 1   | \$5.00 May Bo                          |
| 9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  33  44 City  54 City  55 Internation of both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its recording with and accept the obligations of Section 607 0509 and 607.1508, Florida Statutes, the above named convivation submits this statement for the purpose of changing its recording with an advanced the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligations of Section 607 0509, Florida Statutes, and accept the obligation of Section 607 0509, Florida Statutes, and accept the obligation of Section 607 0509, Florida Statutes, and accept the obligation of Section 607 0509, Florida Statutes, and accept the obligation of Section 607 0509, Florida Statutes, and accept the obligation of Section 607 0509, Florida Statutes, and accept the obligation of Section 607 0509,  |                                 | ·   | h                                   | h <del></del>                          |   | ntangible tax under s 199.032,         |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Socious 607,0502 and 607,1508, Florical Statutes, the above named corporation submits this statement for the purpose of changing its report or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Loard of directors. I hereby accept the approximent as registered a familiar with, and accept the obligations of Socious 607,0502, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. STREET ADDRESS  CONCORD MA  21 EDMONDS RD  21 EDMONDS RD  21 EDMONDS RD  21 EDMONDS RD  22 MME 22 MME 22 MME 23 STREET ADDRESS  DUBLIN NH  T   |                                 | 9. Name and Address of Curren                       | t Registered Agent                  |  |   |  |
| 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  131  142  154  155  155  155  155  155  15  |                                 |   |                                     | B1 Name                                |   |  |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florical Statutes, this above harmed corporation submits this statement for the purpose of changing its record registered again, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered a familiar with, and accept the obligations of Section 607,0505, Floridal Statutes.  SIGNATURE  Signative stated or pmilit draine of registered and state of the state of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered a perfect of directors. I hereby accept the appointment as registered as a perfect of directors. I hereby accept the appointment as registered as a perfect of directors. I hereby accept the appointment as registered as a perfect of directors. I hereby accept the appointment as registered as a perfect of directors. I hereby accept the appointment accept t |                                 |   |                                     | 82 Street Add                          | Iress (P.O. Box Number is Not Acceptable  | ө)                                     |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes, the above harned corporation submits this statement for the purpose of changing its registered again, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered a familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes  SIGNATURE    Signature type of printing name of registered agent and ties if applicable.   PAOTE Proportional Agent agricular recurred where resistance  | PLAN                            | TATION FL 33324                                     |                                     | 83                                     |   |  |
| Tregisterio again, or Doth, in the State of Florids, Such change was authorized by the corporation's Loard of directors. Thereby accept the appointment as registered a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature  Signature specific printing durane of registeric and life if acquisible.  NOTE Repotence Agent agreement as registered a familiar with an accept the obligations of the obligations of the obligations of the obligation oblights of the obligation of the obligation of the obligation obligation obligation of the obligation ob |                                 |   |                                     | '                                      |   |  |
| SIGNATURE   | or register                     | red agent, or both, in the State of Floric          | ta. Such change was authorize       | ed by the corporation's boa            | pration submits this statement for the purport of directors. Thereby accept the appropriate in the property of directors. | cose of changing its registered office |
| Signature by perford prent drawner or regulational graphs and lists if larget packed Appert signature to prent of when reinclaring in the prent of the restauring in the prent of the restauring in the prent of th   | ramılar wi                      | ith, and accept the obligations of, Secti           | on 607.0505, Florida Statutes.      |  | and or amostora. Thoroby accorpt the appe   | antimonicas registered agent. Faith    |
| 12. OFFICERS AND DIRECTORS  TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE VD HAMPERS, CONSTANTINE EAST LAKE RD DUBLIN NH  TITLE NOGELO, A M STREEL ADDRESS STR | SIGNATURE                       | Signature typed or printed name of registered agent | and title if applicable. (NO        | TE: Registered Agent signature require | ed when reinstating)  | DATE                                   |
| NAME   COWRIE, ERNESTINE M   12 NAME   13 SIREET ADDRESS   21 EDMONDS RD   13 SIREET ADDRESS   14 CITY-ST-ZP   CONCORD MA   14 CITY-ST-ZP   Change   Chang   | 12.                             | OFFICERS AND  | DIRECTORS                           |  |   |  |
| STREET ADDRESS   CONCORD MA  | TITLE                           | P LOWDIE FONEOTINE M                                | ▼ DEFELE                            | 1. 1 TITLE                             |   | Change Addition                        |
| STREET ADDRESS   CONCORD MA  | NAME                            |   |                                     | 1 2 NAME                               |   |  |
| THE VD DELETE 2 THREE 22 NAME  NAME EAST LAKE RD 23 STREET ADDRESS CITY-ST-ZIP DUBLIN NH 24 CITY-ST-ZIP DUBLIN NH 24 CITY-ST-ZIP DUBLIN NH 32 NAME  STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS SUDBURY MA 34 CITY-ST-ZIP DELETE 4 THREE STREET ADDRESS NORFOLK MA 44 CITY-ST-ZIP DELETE 5 THREE STREET ADDRESS NORFOLK MA 44 CITY-ST-ZIP DELETE 5 THREE STREET ADDRESS NORFOLK MA 44 CITY-ST-ZIP DELETE 5 THREE STREET ADDRESS NORFOLK MA 54 CITY-ST-ZIP DELETE 5 THREE STREET ADDRESS LEXINGTON MA 54 CITY-ST-ZIP LEXINGTON MA 55 CITY-ST-ZIP DELETE 5 THREE STREET ADDRESS LEXINGTON MA 55 CITY-ST-ZIP LEXINGTON MA 55 CITY-ST-ZIP DELETE 6 THREE STREET ADDRESS LEXINGTON MA 55 CITY-ST-ZIP DELETE 5 THREE STREET ADDRESS LEXINGTON MA 55 CITY-ST-ZIP DELETE 6 THREE STREET ADDRESS LEXINGTON MA 55 CITY-ST-ZIP DELETE 6 THREE STREET ADDRESS LEXINGTON MA 55 CITY-ST-ZIP DELETE 6 THREE STREET ADDRESS LEXINGTON MA 65 CITY-ST-ZIP DELETE 6 THREE STREET ADDRESS STREET ADD | STREET ADDRESS                  |   |                                     | 13 STREET ADDRESS                      |   |  |
| NAME STREET ADDRESS CITY-ST-ZIP DUBLIN NH DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NOGELO, A M 19 WASHINGTON DR SUDBURY MA 32 NAME 19 WASHINGTON DR SUDBURY MA 34 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SUDBURY MA 34 CITY-ST-ZIP TITLE AS DELETE AS STREET ADDRESS NORFOLK MA 44 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME BOWEN, CAROL E 187 GROVE ST LEXINGTON MA 54 CITY-ST-ZIP TITLE AS DELETE AS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AS STREET ADDRESS STREET |                                 | I   |                                     |  |   |  |
| DUBLIN NH  |                                 | 1   | ☐ DEFEIF                            |  | 40000179  | Change Addition                        |
| DUBLIN NH  |                                 |   |                                     |  | -04/25/96010  | 33012                                  |
| TITLE NAME NOGELO, A M 3.1 TITLE CHANGE STREET ADDRESS SUDBURY MA 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS SUDBURY MA 3.4 CITY-ST-ZIP SUDBURY MA 3.4 CITY-ST-ZIP STREET ADDRESS AS UNION ST 4.5 STREET ADDRESS NORFOLK MA 4.4 CITY-ST-ZIP STREET ADDRESS S |                                 |   |                                     |  | ***5800.00  | 3,2                                    |
| NAME STREET ADDRESS STREET ADDRESS SUDBURY MA  19 WASHINGTON DR SUDBURY MA  32 NAME 33 STREET ADDRESS SUDBURY MA  34 CITY-ST-ZIP  NAME WHITING, JOHN K STREET ADDRESS 36 UNION ST NORFOLK MA  42 NAME 42 NAME 43 STREET ADDRESS CITY-ST-ZIP NORFOLK MA  44 CITY-ST-ZIP TITLE AS DWEN, CAROL E 187 GROVE ST LEXINGTON MA  52 NAME 52 NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP LEXINGTON MA  54 CITY-ST-ZIP TITLE AS DELETE 61 TITLE AS DELETE 61 TITLE Change Cha |                                 | T   | C'I DELETE                          |  | <b>&amp;</b>  | Change Addition                        |
| STREET ADDRESS CITY-SI-ZIP SUDBURY MA 33 STREET ADDRESS SUDBURY MA 34 CITY-SI-ZIP NAME WHITING, JOHN K STREET ADDRESS CITY-SI-ZIP NORFOLK MA 42 NAME 42 NAME 43 STREET ADDRESS CITY-SI-ZIP NORFOLK MA 44 CITY-SI-ZIP TITLE AS BOWEN, CAROL E 187 GROVE ST LEXINGTON MA 53 STREET ADDRESS CITY-SI-ZIP LEXINGTON MA 54 CITY-SI-ZIP TITLE AS CITY-SI-ZIP CHANGE 52 NAME 53 STREET ADDRESS 54 CITY-SI-ZIP TITLE AS CITY-SI-ZIP CHANGE 62 NAME 53 STREET ADDRESS CITY-SI-ZIP TITLE AS CITY-SI-ZIP CHANGE 63 STREET ADDRESS CITY-SI-ZIP CHANGE |                                 | NOGELO, A M   |                                     |  |   | Citatige   Addition                    |
| CITY-SI-ZIP  SUDBURY MA  3.4 CITY-SI-ZIP  T-ILE  NAME  WHITING, JOHN K  STREET ADDRESS  36 UNION ST  NORFOLK MA  42 NAME  43 STREET ADDRESS  CITY-SI-ZIP  NAME  BOWEN, CAROL E  187 GROVE ST  LEXINGTON MA  188 DELETE  AS  DELETE  5.1 TITLE  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  LEXINGTON MA  5.4 CITY-SI-ZIP  TITLE  AS  DELETE  6.1 TITLE  Change   |                                 | 19 WASHINGTON DR                                    |                                     |  | . P   |  |
| THE NAME WHITING, JOHN K STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE AS STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE AS STREET ADDRESS CITY-SI-ZIP TITLE CONDANT TITL |                                 | SUDBURY MA  |                                     | 8                                      |   |  |
| NORFOLK MA   |                                 | I = =   | ☐ DELETE                            |  |   | Change Addition                        |
| NORFOLK MA   | NAMÉ                            |   |                                     | 4.2 NAME                               | <b></b>   |  |
| DELETE   S. 1 TITLE   Change   | STREET ADDRESS                  |   |                                     | 4 3 STREET ADDRESS                     |   |  |
| NAME   |                                 |   |                                     | 4 4 CITY - ST - ZIP                    |   |  |
| STREET ADDRESS LEXINGTON MA  187 GROVE ST LEXINGTON MA  5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  TITLE  AS CHAPLE   DELETE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  Change 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS  CONTROL   Change 6.3 STR |                                 | 1   | DELETE                              | 5. 1 TITLE                             |   | Change Addition                        |
| LEXINGTON MA  STREET ADDRESS  LEXINGTON MA  STREET ADDRESS  LEXINGTON MA  STREET ADDRESS  LEXINGTON MA  STREET ADDRESS  STREET ADDRESS  LEXINGTON MA  STREET ADDRESS   |                                 | 1   |                                     |  |   |  |
| TITLE AS DELETE SAUTH STATE CHANGE CHANGE  NAME KEMBEL, DAVID A  STREET ADDRESS 151 REED FARM RD  8.3 STREET ADDRESS 33 STREET ADDRESS 43 STREET ADDRESS 43 STREET ADDRESS 43 STREET ADDRESS 43 STREET ADDRESS 44  |                                 |   |                                     |  |   |  |
| NAME STREET ADDRESS  KEMBEL, DAVID A  151 REED FARM RD  6.2 NAME 6.3 STREET ADDRESS  72 6.3 STREET ADDRESS   |                                 | i   | ☐ Delete                            |  |   | Channa C 440°                          |
| STREET ADDRESS  151 REED FARM RD  6.3 STREET ADDRESS  4  |                                 |   | [ DCC IL                            |  |   | — · . — I                              |
| BOXBOROLIGH MA   |                                 |   |                                     |  |   | >2 4.2.4                               |
| CITY-ST-ZIP BOADOROUGH MA 64 CITY-ST-ZIP   |                                 | BOXBOROUGH MA                                       |                                     |  |   | 4:7-7                                  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 cirector 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.

ASS\*T TREASURES

ASS\*T TREASURES

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-19 617-466-9850)
Date Dayting Phone 8

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

| EFFECTIVE 03/15/1 |                |             |                      |
|-------------------|----------------|-------------|----------------------|
| DIDECORE          | OFFICE<br>HELD | SS NUMBER   | HOME ADDRESS         |
| DIRECORS          | +++++++++      | **********  | ************         |
|                   |                |             | EAST LAKE ROAD       |
| CONSTANTINE       |                |             | BOX 494, OAKHILL     |
| HAMPERS, M.D.     | DIRECTOR       | 190-24-4386 | DUBLIN, NH 03444     |
|                   |                |             |                      |
| GEOFFREY          |                |             | 11 INDEPENDENCE RD   |
| SWETT             | DIRECTOR       | 144-40-8739 | PEPPERELL, MA 01463  |
| PETER F.          |                |             | 11 HEARTHSTONE PLACE |
| SPEARS            | DIRECTOR       | 015-36-9504 | ANDOVER, MA 01810    |
| *******           |                | ••••        | ••••                 |
|                   | OFFICE         |             |                      |
| OFFICERS          | HELD           | SS NUMBER   | HOME ADDRESS         |
| *********         | *******        | **********  | •••••••              |
| GEOFFREY          |                |             | 11 INDEPENDENCE RD   |
| SWETT             | PRESIDENT      | 144-40-8739 | PEPPERELL, MA 01463  |
|                   |                |             | EAST LAKE ROAD       |
| CONSTANTINE       |                |             | BOX 494, OAKHILL     |
| HAMPERS, M.D.     | VICE PRESIDENT | 383-36-2176 | DUBLIN, NH 03444     |
| PETER F.          |                |             | 11 HEARTHSTONE PLACE |
| SPEARS            | VICE PRESIDENT | 015-36-9504 | ANDOVER, MA 01810    |
| PATRICK           | •              |             | 10 HENDERSON WAY     |
| MORIARTY          | VICE PRESIDENT | 021-38-2035 | MEDFILED, MA 02052   |
|                   | ****           |             |                      |
| A. MILES          |                |             | 19 WASHINGTON DRIVE  |
| NOGELO            | TREASURER      | 012-34-5855 | SUDBURY, MA 01776    |
| MARC S.           | ASSISTANT      |             | 10 CROWN POINT ROAD  |
| LIEBERMAN         | TREASURER      | 108-38-6181 | SUDBURY, MA 01776    |
| DAVID A.          |                |             | 151 REED FARM ROAD   |
| KEMBEL            | SECRETARY      | 522-55-5894 | BOXBOROUGH, MA 01719 |
|                   |                |             | ·                    |
| CAROL E.          | ASSISTANT      |             | 187 GROVE STREET     |
| BOWEN             | SECRETARY      | 139-44-5206 | LEXINGTON, MA 02173  |

<sup>\*</sup>BUSINESS ADDRESS FOR OFFICERS/DIRECTORS\*
RESERVOIR PLACE
1601 TRAPELO ROAD
WALTHAM, MA 02154
[617]466-9850