FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
* ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # **S20347** **(8)**

1. Corporation Name
PREFERRED HOMECARE OF FLORIDA, INC.

500001481945
-05/10/95--01008--001
***2000.00 ***200.00

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **12/20/1990**
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: **65-0340135** ☐ 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 C. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	SPEARS, PETER F	1 2 NAME	
STREET ADDRESS	11 HEARTHSTONE PLACE	1 3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA	1 4 CITY-ST-ZIP	
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	LOWRIE, EDMUND G	2 2 NAME	
STREET ADDRESS	21 EDMONDS RD	2 3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA	2 4 CITY-ST-ZIP	
TITLE	T	3 1 TITLE	☐ Change ☐ Addition
NAME	NOGELO, A M	3 2 NAME	
STREET ADDRESS	19 WASHINGTON DR	3 3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA	3 4 CITY-ST-ZIP	
TITLE	S	4 1 TITLE	☐ Change ☐ Addition
NAME	WHITING, JOHN K IV	4 2 NAME	
STREET ADDRESS	36 UNION ST	4 3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK MA	4 4 CITY-ST-ZIP	
TITLE	AS	5 1 TITLE	☐ Change ☐ Addition
NAME	BOWEN, CAROL E	5 2 NAME	
STREET ADDRESS	187 GROVE ST	5 3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA	5 4 CITY-ST-ZIP	
TITLE	AS	6 1 TITLE	☐ Change ☐ Addition
NAME	KEMBEL, DAVID A	6 2 NAME	
STREET ADDRESS	151 REED FARM RD	6 3 STREET ADDRESS	
CITY-ST-ZIP	BOXBOROUGH MA	6 4 CITY-ST-ZIP	

SEE ATTACHED

5/1/95 mst

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)(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 **ASS'T TREASURER** 4/28/95 (617)-4666-9850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000048 CP

(2)

BIO-MEDICAL APPLICATIONS MANAGEMENT COMPANY, 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
ERNESTINE M. LOWRIE	DIRECTOR	034-26-2791	21 EDMONDS ROAD CONCORD, MA 01712
EDMUND G. LOWRIE, M.D.	DIRECTOR	383-36-2176	21 EDMONDS ROAD CONCORD, MA 01712

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	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
LARRIE T. ROCKWELL	VICE PRESIDENT	079-32-6920	10 ROGERS STREET CAMBRIDGE, MA 02142
PATRICK MORIARTY	VICE PRESIDENT	021-38-2035	10 HENDERSON WAY MEDFIELD, MA 02052
JOSEPH RUMA	VICE PRESIDENT	031-34-8188	65 MILLPOND NORTH ANDOVER, MA 01845
GEOFFREY SWETT	VICE PRESIDENT	144-40-8739	11 INDEPENDENCE ROAD PEPPERELL, MA 01463
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
JAMES V. LUTHER	ASSISTANT TREASURER	010-34-9716	50 SUNNYSIDE AVENUE READING, MA 01867
CAROL E. BOWEN	ASSISTANT SECRETARY	139-44-5206	187 GROVE STREET LEXINGTON, MA 02173
DAVID A. KEMBEL	SECRETARY	522-55-5894	151 REED FARM ROAD BOXBOROUGH, MA 01719

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