

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90160 001 *6,000.00

DOCUMENT # S20347

1. Entity Name

PREFERRED HOMECARE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**HAYDEN AVE
LEXINGTON MA 02420****95 HAYDEN AVE
LEXINGTON MA 02421-7942
US****13088**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0340135

Applied For

Not Applicable

Zip

Country

Zip

Country

024205. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
AT	LIEBERMAN, MARC	95 HAYDEN AVE	LEXINGTON MA 02420	<input type="checkbox"/>
S	KEMBEL, DAVID A	95 HAYDEN AVE	LEXINGTON MA 02420	<input type="checkbox"/>
P	BRUCE-BLOMSTROM	95 HAYDEN AVE	LEXINGTON MA 02420	<input checked="" type="checkbox"/>
AT	JAMES V LUTHER	95 HAYDEN AVE	LEXINGTON MA 02420	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MARC LIEBERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00**781-402-9000**

S20347
13088

PREFERRED HOMECARE OF FLORIDA, INC.

LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 01/01/2000

DIRECTORS	OFFICE HELD	RESIDENCE
BEN J. LIPPS	DIRECTOR	67 MARLBOROUGH ST., UNIT 3 BOSTON, MA 02116
OFFICERS	OFFICE HELD	RESIDENCE
BEN J. LIPPS	PRESIDENT	67 MARLBOROUGH ST., UNIT 3 BOSTON, MA 02116
RAMON YI	TREASURER	30 FAITH DRIVE DERRY, NH 03038
MARC S. LIEBERMAN	ASSISTANT TREASURER	10 CROWN POINT ROAD SUDBURY, MA 01776
RONALD J. KUERBITZ	SECRETARY	47 PARK AVENUE WELLESLEY, MA 02481

CORPORATE HEADQUARTERS:
2 Ledgemont Center
95 Hayden Avenue
Lexington, MA 02420