

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90302 001 \*5,250.00

DOCUMENT # S43441

1. Corporation Name

HOME INTENSIVE CARE OF TAMPA, INC.

Principal Place of Business

95 HAYDEN AVE  
LEXINGTON MA 02173  
US

Mailing Address

95 HAYDEN AVE  
LEXINGTON MA 02173  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1991

4. FEI Number

65-0329879

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

02420

25

29 Zip Country

02420

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME AT  
STREET ADDRESS LIEBERMAN, MARC  
CITY-ST-ZIP 95 HAYDEN AVE  
LEXINGTON MA 02173

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS GEOFFREY W SWETT  
CITY-ST-ZIP 95 HAYDEN AVE  
LEXINGTON MA 02173

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BEN J LIPPS  
CITY-ST-ZIP 95 HAYDEN AVE  
LEXINGTON MA 02173

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS HEINZ J SCHMIDT  
CITY-ST-ZIP 95 HAYDEN AVE  
LEXINGTON MA 02173

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS DOUGLAS G KOTT  
CITY-ST-ZIP 95 HAYDEN AVE  
LEXINGTON MA 02173

TITLE ☐ DELETE  
NAME AS  
STREET ADDRESS MARK C WILSON  
CITY-ST-ZIP 95 HAYDEN AVE  
LEXINGTON MA 02173

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 02420 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 02420 ☐ Change ☐ Addition

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 02420 ☐ Change ☐ Addition

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP 02420 ☐ Change ☐ Addition

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP 02420 ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Lieberman

4/12/99

781-402-9000

Daytime Phone #

CR2E034 (1/98)