FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am § Secretary of State DOCUMENT # S43441 1. Entity Name 04-24-2002 90442 001 *3.800 HOME INTENSIVE CARE OF TAMPA, INC. Principal Place of Business Mailing Address 95 HAYDEN AVE 95 HAYDEN AVE **LEXINGTON MA 02420 LEXINGTON MA 02420** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0329879 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zin Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition LIEBERMAN, MARC NAME NAME STREET ADDRESS 95 HAYDEN, AVE. STREET ADDRESS **LEXINGTON MA 02420** CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Defete NAME NAME **BEN J LIPPS** STREET ADDRESS STREET ADDRESS 95 HAYDEN AVE CITY-ST-ZIP CITY-ST-ZIP **LEXINGTON MA 02420** TITLE ☐ Delete TITLE Change Change Addition NAME DOUGLAS G KOTT NAME STREET ADDRESS STREET ADORESS 95 HAYDEN AVE CITY-ST-ZIP CITY-ST-ZIP LEXINGTON MA 02420 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME KEMBEL, DAVID NAME STREET ADDRESS 95 HAYDEN AVE STREET ADDRESS CITY-ST-ZIP **LEXINGTON MA 02420** CITY-ST-ZIP Delete TITLE TITLE Change Addition ASSISTANT TREASURER NAME NAME PAUL COLANTONIO STREET ADDRESS STREET ADDRESS 95 HAYDEN AVENUE CITY-ST-7IP CITY-ST-ZIP LEXINGTON, MA 02420-9192 ☐ Defete TITLE TITLE Change Addition VICE PRESIDENT NAME NAME RONALD J. KUERBITZ STREET ADDRESS STREET ADDRESS 95 HAYDEN AVENUE CITY-ST-ZIP CITY-ST-ZIP LEXINGTON, MA 02420-9192 13. Thereby certify that the information supplied with this filling 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.

> A PAUL COLANTONIO, ASST. TREAS. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

04-02-02

781-402-9000

Attachment # 543441

HOME INTENSIVE CARE OF TAMPA, INC.

LIST OF OFFICERS AND DIRECTORS EFFECTIVE 3/1/01

DIRECTORS	OFFICE HELD	BUSINESS ADDRESS
BEN LIPPS	DIRECTOR -	95 HAYDEN AVENUE LEXINGTON, MA 02420
OFFICERS	OFFICE HELD	BUSINESS ADDRESS
RONALD KUERBITZ	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
JOSEPH J. RUMA	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARC S. LIEBERMAN	TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
PAUL J. COLANTONIO	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
JAMES V. LUTHER	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
DOUGLAS G. KOTT	SECRETARY .	95 HAYDEN AVENUE LEXINGTON, MA 02420
DAVID A. KEMBEL	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420

CORPORATE HEADQUARTERS 95 Hayden Avenue Lexington, MA 02420