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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V67594

(4)

INFUSION INNOVATIONS OF TAMPA, INC.

Principal Place of Business	Mailing Address
1801 TRAPELO RD WALTHAM MA 02154 US	1801 TRAPELO RD WALTHAM MA 02154-7333 US

# FILED May 15 1997 8:00am Secretary of State



1801 TRAPELO Waltham Ma US		1801 TRAPELO RD WALTHAM MA 02154-7333 US	•					
, Ju		•			3. Date Incorporated or Qualified 09/25/1992	3a. Date of Las		
	ace of Business	2a. Mailing Address	·		4. FEI Number	1	Applied For	1
21 95	Hayden AW.	26 < 50m	رد		65-0362744	Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional	
22		27			5. Certificate of Status Desired	Fee	Required	
City & State	9.	City & State			6. Election Campaign Financing	. Election Campaign Financing \$5.00 May Be		
23 hex	AM Crayery	28			Trust Fund Contribution			
Zip	Country	Zφ	Count	У	8. This corporation has liability for intangible tax under s. 199.032.			
24 001		29	30					
	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Reg	islered Agent		
	CORPORATION SYSTEM		8	Name				l
	SOUTH PINE ISLAND ROAD		8	82 Street Address (P.O. Box Number is Not Acceptable)				
PLAI	NTATION FL 33324		-					
			8	3				
			84	City		85 7	ip Code	1
						FL   T	,	
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								
12.	Signature, typed or printed name of registered age OFFICERS AND		11 - Registered A	jent signature requi	and when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	ODS IN 12	100
TITLE	PD OFFICE NO ANI	DELETE	1.1 TOLE	··	ADDITIONS/CHANGES TO OFFIC	Chan		Į Ž
NAME	SPEARS, PETER F	ay sector	1.2 NAME				ya	2
STREET ADDRESS	11 HEARTHSTONE PLACE			1 ADDRESS				٤
\	ANDOVER MA		1.4 CHY-	· \				Ç
CITY-ST-ZIP TITLE	T	DELETE	21 THLE	31.511		Chan	e Addition	10
NAME	NOGELO, A M	2 24 11 11	2.2 NAME		_		,	
STREET ADDRESS	19 WASHINGTON DR			1 ADDRESS	d			
1 1	SUDBURY MA		1	ì	<b>74</b>			l
CITY-ST-ZIP TITLE	AT AT	DELETE	2 4 CHY 3 1 THE	- 21 - 11/		Chare	e Addition	1
NAME	LIEBERMAN, MARC	<u> </u>	3.2-NAME		4		,,	
STREET ADDRESS	10 CROWN POINT RD.			1 ADDRESS	5			
CITY-ST-ZIP	SUDBURY MA 01776		3.4. CITY		Y <sub>2</sub>			
TITLE	AS	DELETE	4.17(T <sub>1</sub> E	- 31-211		Chan	ge Addition	1
NAME	BOWEN, CAROL E		4. 2 NAM		, wh			ĺ
STREET ADDRESS	187 UNION ST			T ADDRESS	<b>W</b>			
CITY-ST-ZIP	NORFOLK MA		4.4:CiTY-		•			
TITLE	AS	DELETE	5.1 TITLE	01-151"		Chan	ge Addition	1
NAME	KEMBEL, DAVID A		5.2 NAMS			Chair		
STREET ADDRESS	151 REED FARM RD			1 ADDRESS				
	BOXBOROUGH MA							
CITY-ST-ZIP	DUADURUUGH MA	DELETE	54 CHY- 6.1 THLE	51-ZIP		Chan	ge Addition	1
NAME		ال المدار	6.2 NAM			C Chan	J	١
1 1				1 ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP			64 DITY	S1-7IP				1

14. I do 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.

CICMATUDE.

MAN MAN

MARC LIPREAM ASS'T TREASURE

4/2 /2

Calus Gara

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

### **EFFECTIVE 01/01/1997**

	OFFICE	÷	
DIRECTORS	HELD	SS NUMBER	HOME ADDRESS
SYED			4 LISA LANE
KAMAL	DIRECTOR	436-35-9080	ACTON, MA 01720
BEN			24 SEQUOIA LANE
LIPPS, PH.D.	DIRECTOR	305-44-0223	Walnut Creek, ca 94595
GEOFFREY W.			42 Kings Way
SWETT	DIRECTOR	144-40-8739	WALTHAM, MA 02154
	OFFICE		
OFFICERS	HELD	ss number	HOME ADDRESS
GEOFFREY W.	•		42 KINGS WAY
SWETT	PRESIDENT	144-40-8739	WALTHAM, MA 02154
PATRICK			10 HENDERSON WAY
MORIARTY	VICE PRESIDENT	021-36-2035	MEDFIELD, MA 02052
ROBERT W.			9 SALISBURY STREET
ARMSTRONG, III	TREASURER	017-36-2353	WINCHESTER, MA 01890
MARC S.	ASSISTANT		10 CROWN POINT ROAD
LIEBERMAN	TREASURER	108-38-6181	SUDBURY, MA 01776
JAMES V.	ASSISTANT		50 SUNNYSIDE AVENUE
LUTHER	TREASURER	010-34-9716	READING, MA 01867
DAVID A.			
KEMBEL	SECRETARY	522-88-5894	151 REED FARM ROAD BOXBOROUGH, MA 01719

CORPORATE HEADQUARTERS: TWO LEDGEMONT CENTER 95 HAYDEN AVENUE LEXINGTON, MA 02173

TELEPHONE #: (617)402-9000