

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

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

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000008240 (3)**  
 1. Corporation Name  
**GYNESIS HEALTHCARE FOR WOMEN OF FLORIDA, INC.**



Principal Place of Business <b>1601 TRAPELO RD                  WALTHAM MA 02154                  US</b>	Mailing Address <b>1601 TRAPELO RD                  WALTHAM MA 02154-7333                  US</b>
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3. Date Incorporated or Qualified <b>11/30/1992</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>65-0373470</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>95 Hayden Ave.</b>	26 <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>Lexington, MA</b>	28
Zip Country	Zip Country
24 <b>02173</b> 25	29 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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>AT LIEBERMAN, MARC</b>	<b>10 CROWN POINT RD.</b>	<b>SUDBURY MA 01776</b>	
	<b>D HAMPERS, CONSTANTINE</b>	<b>EAST LAKE RD</b>	<b>DUBLIN NH</b>	<input checked="" type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**SEE ATTACHED**

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.

SIGNATURE:  **MARC LIEBERMAN** ASS'T TREASURER **4/2/97** 617/492-9000

CR2E034 (9/96)

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

**EFFECTIVE 01/01/1997**

<b>DIRECTORS</b>	<b>OFFICE HELD</b>	<b>SS NUMBER</b>	<b>HOME ADDRESS</b>
<b>SYED KAMAL</b>	<b>DIRECTOR</b>	<b>436-35-9080</b>	<b>4 LISA LANE ACTON, MA 01720</b>
<b>BEN LIPPS, PH.D.</b>	<b>DIRECTOR</b>	<b>305-44-0223</b>	<b>24 SEQUOIA LANE WALNUT CREEK, CA 94595</b>
<b>GEOFFREY W. SWETT</b>	<b>DIRECTOR</b>	<b>144-40-8739</b>	<b>42 KINGS WAY WALTHAM, MA 02154</b>

<b>OFFICERS</b>	<b>OFFICE HELD</b>	<b>SS NUMBER</b>	<b>HOME ADDRESS</b>
<b>GEOFFREY W. SWETT</b>	<b>PRESIDENT</b>	<b>144-40-8739</b>	<b>42 KINGS WAY WALTHAM, MA 02154</b>
<b>PATRICK MORIARTY</b>	<b>VICE PRESIDENT</b>	<b>021-38-2035</b>	<b>10 HENDERSON WAY MEDFIELD, MA 02052</b>
<b>ROBERT W. ARMSTRONG, III</b>	<b>TREASURER</b>	<b>017-36-2353</b>	<b>9 SALISBURY STREET WINCHESTER, MA 01890</b>
<b>MARC S. LIEBERMAN</b>	<b>ASSISTANT TREASURER</b>	<b>108-38-6181</b>	<b>10 CROWN POINT ROAD SUDBURY, MA 01776</b>
<b>JAMES V. LUTHER</b>	<b>ASSISTANT TREASURER</b>	<b>010-34-9716</b>	<b>50 SUNNYSIDE AVENUE READING, MA 01867</b>
<b>DAVID A. KEMBEL</b>	<b>SECRETARY</b>	<b>522-88-5894</b>	<b>151 REED FARM ROAD BOXBOROUGH, MA 01719</b>

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

**TELEPHONE #: (617)402-9000**