

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

(1)

DOCUMENT # **V00822** (9)
1. Corporation Name
INFUSION INNOVATIONS OF JACKSONVILLE, INC.

95 MAY - 1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10000148195.1
-05/10/95-01008-001
***2000.00 ***200.00

Principal Place of Business
**1801 TRAPELO RD
WALTHAM MA 02154
US**

Mailing Address
**1801 TRAPELO RD
WALTHAM MA 02154
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/16/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0314091** 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 has liability for intangible tax under S. 199 (3)(2) Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 Country

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPEARS, PETER F
STREET ADDRESS	11 HEARTHSTONE PLACE
CITY ST ZIP	ANDOVER MA
TITLE	VD
NAME	LOWRIE, EDMUND G
STREET ADDRESS	21 EDMONDS RD
CITY ST ZIP	CONCORD MA
TITLE	T
NAME	NOGEOLO, A M
STREET ADDRESS	19 WASHINGTON DR
CITY ST ZIP	SUDBURY MA
TITLE	S
NAME	WHITING, JOHN K
STREET ADDRESS	36 UNION ST
CITY ST ZIP	NORFOLK MA
TITLE	AS
NAME	BOWEN, CAROL E
STREET ADDRESS	187 GROVE ST
CITY ST ZIP	LEXINGTON MA
TITLE	AS
NAME	KEMBEL, DAVID A
STREET ADDRESS	151 REED FARM RD
CITY ST ZIP	BOXBOROUGH MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

SEE ATTACHED

5/1/95
MS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 HIRSZMAN** **ASS'T TREASURER** 4/28/95 6017-4166-9850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(2)

HOME INTENSIVE CARE, INC. SUBSIDIARIES
LIST OF DIRECTORS AND OFFICERS
EFFECTIVE 04/10/1995

DIRECTORS *****	OFFICE HELD *****	SS NUMBER *****	HOME ADDRESS *****
CONSTANTINE HAMPERS, M.D.	DIRECTOR	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
EDMUND G. LOWRIE, M.D.	DIRECTOR	383-36-2176	21 EDMONDS ROAD CONCORD, MA 01712
ERNESTINE M. LOWRIE	VICE PRESIDENT	034-26-2791	21 EDMONDS ROAD CONCORD, MA 01712
PETER F. SPEARS	DIRECTOR	015-36-9504	11 HEARTHSTONE PLACE ANDOVER, MA 01810

OFFICERS *****	OFFICE HELD *****	SS NUMBER *****	HOME ADDRESS *****
ERNESTINE M. LOWRIE	PRESIDENT	034-26-2791	21 EDMONDS ROAD CONCORD, MA 01712
CONSTANTINE HAMPERS, M.D.	VICE PRESIDENT	383-36-2176	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
PETER F. SPEARS	VICE PRESIDENT	015-36-9504	11 HEARTHSTONE PLACE ANDOVER, MA 01810
PATRICK MORIARTY	VICE PRESIDENT	021-38-2035	10 HENDERSON WAY MEDFIED, MA 02052
A. MILES NOGEO	TREASURER	012-34-5855	19 WASHINGTON DRIVE SUDBURY, MA 01776
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-6181	10 CROWN POINT ROAD SUDBURY, MA 01776
DAVID A. KEMBEL	SECRETARY	522-55-5894	151 REED FARM ROAD BOXBOROUGH, MA 01719
CAROL E. BOWEN	ASSISTANT SECRETARY	139-44-5206	187 GROVE STREET LEXINGTON, MA 02173

BUSINESS ADDRESS FOR OFFICERS/DIRECTORS
RESERVOIR PLACE
1601 TRAPELO ROAD
WALTHAM, MA 02154
(617)466-9850