

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

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

1

DOCUMENT # **V67594** (4)

1. Corporation Name
INFUSION INNOVATIONS OF TAMPA, INC.

000001481515.0
-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
09/25/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0362744

Applied For
 Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State
23

City & State
28

Zip Country
24

Zip Country
29

Zip Country
30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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)

(Signature Registered Agent (signature required when registering))

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	38 UNION ST
CITY ST ZIP	NORFOLK MA
TITLE	AS
NAME	BOWEN, CAROL E
STREET ADDRESS	187 UNION ST
CITY ST ZIP	NORFOLK MA
TITLE	AS
NAME	KEMBEL, DAVID A
STREET ADDRESS	151 REED FARM RD
CITY ST ZIP	BOXBOROUGH MA

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY - ST ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY - ST ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY - ST ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY - ST ZIP	
17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	CITY - ST ZIP	

SEE ATTACHED

5/1/95
ast

SIGNATURE:

Marc Lieberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC LIEBERMAN

ASS'T TREASURER

4/28/95 617-466-9850

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

EFFECTIVE 04/10/1986

DIRECORS *****	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 MEDFILED, MA 02052
A. MILES NOGELO	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