

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

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PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # V67594 (4)**  
1. Corporation Name  
**INFUSION INNOVATIONS OF TAMPA, INC.**



Principal Place of Business: **1601 TRAPELO RD WALTHAM MA 02154 US**  
Mailing Address: **1601 TRAPELO RD WALTHAM MA 02154 US**

3. Date Incorporated or Qualified: **09/25/1992**    3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0362744**    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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 [ ]    2a. Mailing Address: 26 [ ]  
Suite, Apt. #, etc.: 22 [ ]    Suite, Apt. #, etc.: 27 [ ]  
City & State: 23 [ ]    City & State: 28 [ ]  
Zip: 24 [ ]    Country: 25 [ ]    Zip: 29 [ ]    Country: 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: **FL**

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	PD	<input type="checkbox"/> DELETE
NAME	SPEARS, PETER F	
STREET ADDRESS	11 HEARTHSTONE PLACE	
CITY-ST-ZIP	ANDOVER MA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LOWRIE, EDMUND G	
STREET ADDRESS	21 EDMONDS RD	
CITY-ST-ZIP	CONCORD MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NOGEOLO, A M	
STREET ADDRESS	19 WASHINGTON DR	
CITY-ST-ZIP	SUDBURY MA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WHITING, JOHN K	
STREET ADDRESS	36 UNION ST	
CITY-ST-ZIP	NORFOLK MA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BOWEN, CAROL E	
STREET ADDRESS	187 UNION ST	
CITY-ST-ZIP	NORFOLK MA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KEMBEL, DAVID A	
STREET ADDRESS	151 REED FARM RD	
CITY-ST-ZIP	BOXBOROUGH MA	

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	<b>100001794341</b>	
2.1 TITLE	<b>04/25/96-01033-012</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>***5800.00</b>	
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 ATTACHEU**

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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 119.07(3)(k), 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: \_\_\_\_\_ **ASS'T TREASURER**    617-466-9850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date: \_\_\_\_\_    Daytime Phone #: \_\_\_\_\_

CR2E034 (12/95)

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

EFFECTIVE: 03/15/1996

DIRECTORS *****	OFFICE HELD *****	SS NUMBER *****	HOME ADDRESS *****
CONSTANTINE HAMPERS, M.D.	DIRECTOR	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
GEOFFREY SWETT	DIRECTOR	144-40-8739	11 INDEPENDENCE RD PEPPERELL, MA 01463
PETER F. SPEARS	DIRECTOR	015-36-9504	11 HEARTHSTONE PLACE ANDOVER, MA 01810

OFFICERS *****	OFFICE HELD *****	SS NUMBER *****	HOME ADDRESS *****
GEOFFREY SWETT	PRESIDENT	144-40-8739	11 INDEPENDENCE RD PEPPERELL, MA 01463
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 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