

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V67594 (4)
 1. Corporation Name
INFUSION INNOVATIONS OF TAMPA, INC.



Principal Place of Business 1801 TRAPELO RD WALTHAM MA 02154 US	Mailing Address 1801 TRAPELO RD WALTHAM MA 02154-7333 US
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2. Principal Place of Business 21 95 Hayden Ave; Suite, Apt. #, etc. 22 City & State 23 Lexington, MA Zip Country 24 02173 25	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 09/25/1992	3a. Date of Last Report 04/24/1996
4. FEI Number 65-0362744	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SPEARS, PETER F	
STREET ADDRESS	11 HEARTHSTONE PLACE	
CITY-ST-ZIP	ANDOVER MA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NOGEOLO, A M	
STREET ADDRESS	19 WASHINGTON DR	
CITY-ST-ZIP	SUDBURY MA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, MARC	
STREET ADDRESS	10 CROWN POINT RD.	
CITY-ST-ZIP	SUDBURY MA 01776	
TITLE	AS	<input checked="" 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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** 4/2/97 617/462-9000

CR2E034 (9/96)

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

EFFECTIVE 01/01/1997

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

OFFICERS	OFFICE HELD	SS NUMBER	HOME ADDRESS
GEOFFREY W. SWETT	PRESIDENT	144-40-8739	42 KINGS WAY WALTHAM, MA 02154
PATRICK MORIARTY	VICE PRESIDENT	021-38-2035	10 HENDERSON WAY MEDFIELD, MA 02052
ROBERT W. ARMSTRONG, III	TREASURER	017-36-2353	9 SALISBURY STREET WINCHESTER, MA 01890
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-6181	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	010-34-9716	50 SUNNYSIDE AVENUE 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