

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


3/1

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-10-2003 90141 006 ***150.00

DOCUMENT # P99000060095

1. Entity Name
CORAM, INC.



Principal Place of Business
**200 S.E. FIRST STREET
SUITE 602
MIAMI FL 33130**

Mailing Address
**200 S.E. FIRST STREET
SUITE 602
MIAMI FL 33130**



2. Principal Place of Business
6710 Main Street

3. Mailing Address
6710 Main Street

Suite, Apt. #, etc.
#234

City & State
Miami

CHECK HERE IF MAKING CHANGES

Zip **FL** Country **33014**

Zip **FL** Country **33014**

4. FEI Number **65-1043965** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GERARDO, VILLAFANE
4361 PINE RIDGE CT
WESTON FL 33331

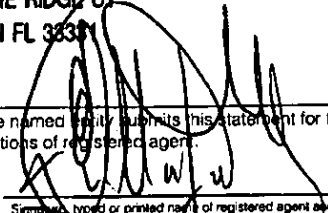
7. Name and Address of New Registered Agent

Name **GERARDO VILLAFANE**

Street Address (P.O. Box Number is Not Acceptable)
4361 PINE RIDGE CT

City **Weston** FL Zip Code **33331**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ECHEVARRIA, FERNANDO 200 SE FIRST STREET, SUITE 602 MIAMI FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RICHARD, ECHEVARRIA 200 SE FIRST STREET, SUITE 602 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VILLAFANE, GERARDO 200 SE FIRST STREET, SUITE 602 MIAMI FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

Date **3-20-03** Daytime Phone # **3056987157**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/0/02)