SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
1996 AUG 13 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000328 (5)

1. Corporation Name
LARGO HOME THERAPEUTICS, INC.

Principal Place of Business	Mailing Address
CORAM HEALTHCARE 1121 ALDERMAN DRIVE ALPHARETTA GA 30202 US	CORAM HEALTHCARE 1121 ALDERMAN DRIVE ALPHARETTA GA 30202 US

3. Date Incorporated or Qualified: 01/25/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 1125 17th St.	26 1125 17th St
Suite, Apt #, etc 22 1500	Suite, Apt #, etc. 27 1500
City & State 23 Denver CO	City & State 28 Denver CO
Zip / Country 24 80202 / 25 U.S.	Zip / Country 29 80202 / 30 U.S.

4. FEI Number: 58-1989583 ☐ 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

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: NRAI Services Inc
82 Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Ave.
83
84 City: Tallahassee FL 85 Zip Code: 32301

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: Ed Hand VP NRAI 8/12/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCOO FORTUNE, PATRICK J 1125 17TH STREET, STE. 1500 DENVER CO ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition See Attached
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SCFO LENO, SAM R 1125 17TH STREET, STE. 1500 DENVER CO ☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT SMITH, RICHARD 1125 17TH STREET, STE. 1500 DENVER CO ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO SWEENEY, JAMES M 1125 17TH STREET, STE. 1500 DENVER CO ☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition KSD 8/13 PM

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Coram, Inc.
Curaflex Health Services, Inc.
HealthInfusion, Inc.
HMSS, Inc.
Medisys, Inc.
T2 Medical, Inc.
and
All subsidiary Corporations
(with the exception of Coram Alternate Site Services, Inc.)

Executive Officers

Officer Name/Title	Address/Telephone Number	Birthdate	Social Security Number
Donald J. Amaral President & CEO	844 Treemont Court Nashville, TN 37220 (303) 292-4973	9-20-52	558-74-0343
Richard M. Smith CFO & Secretary	5987 Nome Street Englewood, CO 80111 (303) 672-8717	5-21-59	339-58-4728
Kelly J. McCrann Executive Vice President	6532 Primrose Lane Niwot, CO 80503 (303) 672-8722	9-27-55	550-90-0640

Board of Directors

Officer Name/Title	Address/Telephone Number	Birthdate	Social Security Number
Donald J. Amaral Chairman	844 Treemont Court Nashville, TN 37220 (303) 292-4973	9-20-52	558-74-0343
Richard M. Smith Director	5987 Nome Street Englewood, CO 80111 (303) 672-8717	5-21-59	339-58-4728