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 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000499 (4)**

1. Corporation Name
INTRACARE HOLDINGS CORPORATION

Principal Place of Business	Mailing Address
~~C/O T3 MEDICAL INC.~~ CORAM HEALTHCARE 1121 ALDERMAN DRIVE ALPHARETTA GA 30202	~~C/O T3 MEDICAL INC.~~ CORAM HEALTHCARE 1121 ALDERMAN DRIVE ALPHARETTA GA 30202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/02/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **58-1905335** ☐ Applied For ☐ Not Applicable
State, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / County (25) / Zip (29) / County (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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 (if changing Registered Agent, Registered Agent must sign) (if changing Registered Agent or registered office address) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	1.1 TITLE	PRESIDENT, COO	☒ Change ☒ Addition
1.2 NAME	CARTER TOMMY H.	1.2 NAME	PATRICK J. FORTUNE	
1.3 STREET ADDRESS	1121 ALDERMAN DR.	1.3 STREET ADDRESS	1125 17TH STREET STE 1500	
1.4 CITY ST ZIP	ALPHARETTA GA	1.4 CITY ST ZIP	DENVER, CO 80202	
2.1 TITLE	VD	2.1 TITLE	SECRETARY, CFO	☒ Change ☒ Addition
2.2 NAME	LARSON SCOTT T.	2.2 NAME	SAM R. LENO	
2.3 STREET ADDRESS	1121 ALDERMAN DR.	2.3 STREET ADDRESS	1125 17TH STREET STE. 1500	
2.4 CITY ST ZIP	ALPHARETTA GA	2.4 CITY ST ZIP	DENVER, CO 80202	
3.1 TITLE	STD	3.1 TITLE	VP TREASURER	☒ Change ☒ Addition
3.2 NAME	KOLLEDA BRUCE A.	3.2 NAME	RICHARD SMITH	
3.3 STREET ADDRESS	1121 ALDERMAN DR.	3.3 STREET ADDRESS	1125 17TH STREET STE. 1500	
3.4 CITY ST ZIP	ALPHARETTA GA	3.4 CITY ST ZIP	DENVER, CO 80202	
4.1 TITLE		4.1 TITLE	CEO	☒ Change ☒ Addition
4.2 NAME		4.2 NAME	JAMES M. SWEENEY	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	1125 17TH STREET STE. 1500	
4.4 CITY ST ZIP		4.4 CITY ST ZIP	DENVER, CO 80202	
5.1 TITLE		5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		5.2 NAME		
5.3 STREET ADDRESS		5.3 STREET ADDRESS		
5.4 CITY ST ZIP		5.4 CITY ST ZIP		
6.1 TITLE		6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		6.2 NAME		
6.3 STREET ADDRESS		6.3 STREET ADDRESS		
6.4 CITY ST ZIP		6.4 CITY ST ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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: RICHARD M. SMITH **VICE PRESIDENT, TREASURY & TAX** 4/26/95 **303 292 4973**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002944 CP