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

DOCUMENT # **F93000000499 (4)**

1. Corporation Name
INTRACARE HOLDINGS CORPORATION

Principal Place of Business	Mailing Address
C/O T2 MEDICAL. INC. 1121 ALDERMAN DRIVE ALPHARETTA GA 30202	C/O T2 MEDICAL. INC. 1121 ALDERMAN DRIVE ALPHARETTA GA 30202

3. Date Incorporated or Qualified: 02/02/1993
3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 58-1905335 ☐ 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

NRAI SERVICES, INC.
526 E. PARK AVE.
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 _____ DATE
Signature, Type or Printed Name of Registered Agent and Title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOO	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FORTUNE, PATRICK J		1.2 NAME	See Attached
STREET ADDRESS	1125 17TH STREET, STE. 1500		1.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO		1.4 CITY-ST-ZIP	
TITLE	SCFO	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LENO, SAM R		2.2 NAME	
STREET ADDRESS	1125 17TH STREET, STE. 1500		2.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO		2.4 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, RICHARD		3.2 NAME	
STREET ADDRESS	1125 17TH STREET, STE. 1500		3.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO		3.4 CITY-ST-ZIP	
TITLE	CEO	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SWEENEY, JAMES M		4.2 NAME	
STREET ADDRESS	1125 17TH STREET, STE. 1500		4.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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)(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 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