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 # **F93000000999 (3)**

1. Corporation Name

SARASOTA HOME THERAPEUTICS II, INC.

Principal Place of Business	Mailing Address
~~V-TO MEDICAL INC.~~ CORAM HEALTHCARE 1121 ALDERMAN DRIVE ALPHARETTA GA 30202	~~V-TO MEDICAL INC.~~ CORAM HEALTHCARE 1121 ALDERMAN DRIVE ALPHARETTA GA 30202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/23/1993**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **58-1961837** ☐ 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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. **1201 HAYS STREET** **SUITE 105** **TALLAHASSEE FL 32301**	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 607.1908, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRESIDENT, COO	☒ Change ☒ Addition
NAME	CARTER, TOMMY H	12 NAME	PATRICK J. FORTUNE	
STREET ADDRESS	1121 ALDERMAN DR	13 STREET ADDRESS	1125 17TH STREET STE 1500	
CITY ST ZIP	ALPHERETTA GA	14 CITY ST ZIP	DENVER, CO 80202	
TITLE	VP	21 TITLE	SECRETARY, CFO	☒ Change ☒ Addition
NAME	LARSON, SCOTT T	22 NAME	SAM R. LENO	
STREET ADDRESS	1121 ALDERMAN DR	23 STREET ADDRESS	1125 17TH STREET STE 1500	
CITY ST ZIP	ALPHARETTA GA	24 CITY ST ZIP	DENVER, CO 80202	
TITLE	T	31 TITLE	VP, TREASURER	☒ Change ☒ Addition
NAME	KOLLEEGA, BRUCE	32 NAME	RICHARD SMITH	
STREET ADDRESS	1121 ALDERMAN DR	33 STREET ADDRESS	1125 17TH STREET STE 1500	
CITY ST ZIP	ALPHARETTA GA	34 CITY ST ZIP	DENVER CO 80202	
TITLE	S	41 TITLE	CEO	☒ Change ☒ Addition
NAME	MCILWAIN, SAM	42 NAME	JAMES M. SWEENEY	
STREET ADDRESS	121 ALDERMAN DRIVE	43 STREET ADDRESS	1125 17TH STREET STE 1500	
CITY ST ZIP	ALPHARETTA GA 30202	44 CITY ST ZIP	DENVER, CO 80202	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 4/24/95 303 292 4973

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

0002943 CP