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 # F93000001005 (8)

1. Corporation Name
TAMPA BAY AREA HOME THERAPEUTICS, INC.

Principal Place of Business	Mailing Address
~~% T2 MEDICAL INC~~ CORAM HEALTHCARE 1121 ALDERMAN DRIVE ALPHARETTA GA 30202	~~% T2 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: 05/01/1994
4. FEI Number: 58-1995177 ☐ 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

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 24 Country 25	Zip 29 Country 30

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 607.1508, 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 ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	PRESIDENT / COO ☒ Change ☒ Addition
NAME	CARTER TOMMY H.	1 2 NAME	PATRICK J. FORTUNE
STREET ADDRESS	1121 ALDERMAN DR.	1 3 STREET ADDRESS	1125 17TH STREET STE. 1500
CITY ST ZIP	ALPHARETTA GA	1 4 CITY ST ZIP	DENVER, CO 80202
TITLE	VP	2 1 TITLE	SECRETARY / CFO ☒ Change ☒ Addition
NAME	LARSON SCOTT T.	2 2 NAME	SAM R. LENO
STREET ADDRESS	1121 ALDERMAN DR.	2 3 STREET ADDRESS	1125 17TH STREET, STE 1500
CITY ST ZIP	ALPHARETTA GA	2 4 CITY ST ZIP	DENVER, CO 80202
TITLE	ST	3 1 TITLE	VP TREASURER ☒ Change ☒ Addition
NAME	KOLLEDA BRUCE A.	3 2 NAME	RICHARD SMITH
STREET ADDRESS	1121 ALDERMAN	3 3 STREET ADDRESS	1125 17TH STREET STE. 1500
CITY ST ZIP	ALPHARETTA GA	3 4 CITY ST ZIP	DENVER, CO 80202
TITLE		4 1 TITLE	CEO ☒ Change ☒ Addition
NAME		4 2 NAME	JAMES M. SWEENEY
STREET ADDRESS		4 3 STREET ADDRESS	1125 17TH STREET STE 1500
CITY ST ZIP		4 4 CITY ST ZIP	DENVER, CO 80202
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

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

SIGNATURE: [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 #

0002930 CP