

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 FEB -3 AM 8:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F93000002175 (8)

1. Corporation Name

H.M.S.S. INFUSION AFFILIATES OF JACKSONVILLE, IN
C.

Principal Place of Business

C/O CORAM HEALTHCARE CORP.
1125 17TH STREET, SUITE 1500
DENVER CO 80202
US

Mailing Address

C/O CORAM HEALTHCARE CORP.
1125 17TH STREET, SUITE 1500
DENVER CO 80202-2030
US

3. Date Incorporated or Qualified
04/28/1993

3a. Date of Last Report
09/09/1996

2. Principal Place of Business

21 1125 17th Street

Suite, Apt. #, etc.

22 Suite 2100

City & State

23 Denver, CO

Zip

24 80202

Country

25 US

2a. Mailing Address

26 1125 17th Street

Suite, Apt. #, etc.

27 Suite 2100

City & State

28 Denver, CO

Zip

29 80202

Country

30 US

4. FEI Number

76-0384588

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 AVENUE
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

Signature type for printed name of registered agent and filed application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME AMARAL, DONALD J
STREET ADDRESS 1125 17TH STREET, STE. 1500
CITY - ST - ZIP DENVER CO 80202

TITLE ST ☐ DELETE

NAME SMITH, RICHARD M
STREET ADDRESS 1125 17TH STREET, STE. 1500
CITY - ST - ZIP DENVER CO 80202

TITLE CD ☐ DELETE

NAME AMARAL, DONALD J
STREET ADDRESS 1125 17TH STREET, STE. 1500
CITY - ST - ZIP DENVER CO 80202

TITLE D ☐ DELETE

NAME SMITH, RICHARD
STREET ADDRESS 1125 17TH STREET, STE. 1500
CITY - ST - ZIP DENVER CO 80202

TITLE S ☒ DELETE

NAME GADDY, GARY L
STREET ADDRESS 12450 GREENSPRING DR., #1400
CITY - ST - ZIP HOUSTON TX

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Smith

Date

Daytime Phone #

1-7-97 303-292-4973

CR2E034 (9/96)