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 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002468 (7)

1. Corporate Name

HOME THERAPEUTICS OF FLORIDA, INC.

Principle Place of Business	Mailing Address
~~C/O T2 MEDICAL INC.~~ GRAM HEALTHCARE 1121 ALDERMAN DRIVE ALPHARETTA GA 30202	~~C/O T2 MEDICAL INC.~~ GRAM HEALTHCARE 1121 ALDERMAN DRIVE ALPHARETTA GA 30202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-2042976	☐ 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 / County: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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

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

14. I/We 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 if changed, or on an attachment with an address.

SIGNATURE: Richard M. Smith — 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 #

0002948 CP