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 # F94000001642 (7)

1. Corporation Name

MID-FLORIDA HOME THERAPEUTICS, INC.

Principal Place of Business	Mailing Address
~~T2 MEDICAL, INC.~~ CORAM HEALTHCARE 1121 ALDERMAN DR ALPHARETTA GA 30202	~~T2 MEDICAL, INC.~~ CORAM HEALTHCARE 1121 ALDERMAN DR ALPHARETTA GA 30202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1994
3a. Date of Last Report:
4. FEI Number: 59-1987651 — Applied For / Not Applicable

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

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 ST 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	~~CP~~	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	~~VD~~	2.1 TITLE	SECRETARY, CFO ☒ Change ☒ Addition
NAME	~~LARSON, SCOTT T~~	2.2 NAME	SAM R. LEND
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	~~STD~~	3.1 TITLE	VP TREASURER ☒ Change ☒ Addition
NAME	~~KOLLEDA, BRUCE A~~	3.2 NAME	RICHARD SMITH
STREET ADDRESS	~~1121 ALDERMAN DR~~	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 the 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] RICHARD M. SMITH VICE PRESIDENT, TREASURY & TAX 4/26/95 303 292 4473

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

0002941 CP