

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

50 MAY -1 PM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003532 (8)

CORAM HEALTHCARE CORPORATION

Principal Place of Business: 3281 GUAISTI ROAD, ONTARIO CA 91761
Mailing Address: 3281 GUAISTI ROAD, ONTARIO CA 91761

DO NOT WRITE IN THIS SPACE

3. Date of Report or Qualification	3a. Date of Last Report
07/06/1994	
4. FFI Number	Applied For
33-0615337	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. 1125 17TH STREET	26. 1121 ALDERMAN DR.
State: Apt # etc.	State: Apt # etc.
22. SUITE 1500	27.
City & State	City & State
23. DENVER, CO	28. ALPHARETTA, GA
Zip	Zip
24. 80202	29. 30202
25.	30.

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number or Not Applicable)

83.

84. City

85. Zip Code

FL

11. Pursuant to the provisions of Sections 220.01, 220.02, and 220.03, Florida Statutes, the above named corporation submits the 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, thereby accept the appointment as registered agent. I am familiar with and accept the qualifications of Section 220.03, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	CEO/D
NAME	SWEENEY, JAMES M
STREET ADDRESS	3281 EAST GUAISTI RD., STE 700
CITY & STATE	ONTARIO CA
TITLE	VD
NAME	LAVERTY, CHARLES A
STREET ADDRESS	3281 EAST GUAISTI RD., STE 700
CITY & STATE	ONTARIO CA
TITLE	VD
NAME	GILMAN, MILES E
STREET ADDRESS	3281 EAST GUAISTI RD., STE 700
CITY & STATE	ONTARIO CA
TITLE	D
NAME	CARTER, TOMMY H
STREET ADDRESS	3281 EAST GUAISTI RD., STE 700
CITY & STATE	ONTARIO CA
TITLE	D
NAME	SMITH, L P
STREET ADDRESS	3281 EAST GUAISTI RD., STE 700
CITY & STATE	ONTARIO CA
TITLE	D
NAME	FINK, RICHARD A
STREET ADDRESS	3281 EAST GUAISTI RD., STE 700
CITY & STATE	ONTARIO CA

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1.

TITLE	CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES M. SWEENEY	
STREET ADDRESS	1125 17TH STREET STE 1500	
CITY & STATE	DENVER, CO 80202	
TITLE	PRESIDENT/COO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK J. FORTUNE	
STREET ADDRESS	1125 17TH STREET STE 1500	
CITY & STATE	DENVER, CO 80202	
TITLE	SECRETARY/CFO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAM R. LENO	
STREET ADDRESS	1125 17TH STREET STE 1500	
CITY & STATE	DENVER, CO 80202	
TITLE	UP TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD SMITH	
STREET ADDRESS	1125 17TH STREET, STE 1500	
CITY & STATE	DENVER, CO 80202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is accurate, complete and true, and that I am duly qualified to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing report as an officer, director or shareholder.

SIGNATURE: *Richard M. Smith* RICHARD M. SMITH VICE PRESIDENT, TREASURY & TAX 4/26/95 303 292 4973