

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 FEB -3 AM 8:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F94000003532 (8)

1. Corporation Name

CORAM HEALTHCARE CORPORATION

Principal Place of Business

1125 17TH ST.
SUITE 1500
DENVER CO 80202
US

Mailing Address

1125 17TH ST.
SUITE 1500
DENVER CO 80202-2030
US

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

3. Date Incorporated or Qualified

07/06/1994

3a. Date of Last Report

09/10/1996

4. FEI Number

33-0615337

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 EAST 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME AMARAL, DONALD J
STREET ADDRESS 844 TREEMONT COURT
CITY- ST- ZIP NASHVILLE TN 37220

TITLE EVP ☒ DELETE

NAME MCGRANN, KELLY J
STREET ADDRESS 6532 PRIMROSE LANE
CITY- ST- ZIP NEWOT CO 80503

TITLE VPGC ☐ DELETE

NAME QUINER, PAUL
STREET ADDRESS 395 ALLISON DRIVE
CITY- ST- ZIP ATLANTA GA 30342

TITLE CFOS ☐ DELETE

NAME SMITH, RICHARD
STREET ADDRESS 5987 NOME STREET
CITY- ST- ZIP ENGLEWOOD CO 80111

TITLE D ☐ DELETE

NAME SMITH, L. PETER
STREET ADDRESS 551 E. PROSPECT AVENUE
CITY- ST- ZIP LAKE CLIFF IL 68044

TITLE D ☐ DELETE

NAME FINK, RICHARD A
STREET ADDRESS 1951 PORT LOCKSLEIGH
CITY- ST- ZIP NEWPORT BEACH CA 92260

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

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

1-7-97 202-492-4922

CPZ034 (9/96)