

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 14 AM 10:01

DOCUMENT # F96000006064

1. Entity Name
CORAM SPECIALTY INFUSION SERVICES, INC.



Principal Place of Business Mailing Address
1675 BROADWAY 1675 BROADWAY
900 900
DENVER, CO 80202 DENVER, CO 80202

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

05012008 Chg-P CR2E034 (12/06)

4. FEI Number 58-1813486 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent's signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V/S
NAME DELL, MICHAEL E
STREET ADDRESS 1675 BROADWAY SUITE 900
CITY- ST- ZIP DENVER, CO 80202 ☐ Delete

TITLE SRVP
NAME PONZIO, VITO JR
STREET ADDRESS 1675 BROADWAY SUITE 900
CITY- ST- ZIP DENVER, CO 80202 ☐ Delete

TITLE PT
NAME ALLEN, ROBERT
STREET ADDRESS 1675 BROADWAY, STE 900
CITY- ST- ZIP DENVER, CO 80202 ☐ Delete

TITLE VPT
NAME MOELLER, SCOTT T
STREET ADDRESS 1675 BROADWAY, SUITE 900
CITY- ST- ZIP DENVER, CO 80202 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
900129593509
05/15/08--01020--016 **2188.75

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

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NAME
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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VITO PONZIO, JR

Date

5/1/08

Daytime Phone #

303-672-9631

5/14/08