

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 9:59

REGISTRATION FEE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P35438** (1)

1. Corporation Name  
**SARASOTA HOME THERAPEUTICS, INC.**

Principal Place of Business: **C/O T2 MEDICAL INC. CORP. HEALTHCARE**  
1121 ALDERMAN DRIVE  
ALPHARETTA GA 30202

Mailing Address: **C/O T2 MEDICAL INC. CORP. HEALTHCARE**  
1121 ALDERMAN DRIVE  
ALPHARETTA GA 30202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/09/1991</b>	3a. Date of Last Report <b>04/19/1994</b>
4. FEI Number <b>58-1949695</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. 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 21. State Apt. # etc. 22. City & State 23. Zip 24. Country	25. Mailing Address 26. State Apt. # etc. 27. City & State 28. Zip 29. Country	30. Country
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9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.022 and 607.1504, 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 607.025, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1 NAME	<b>PD CARTER, TOMMY H. 1121 ALDERMAN DR ALPHARETTA GA</b>
12.2 NAME	<b>VP LARSON, SCOTT 1121 ALDERMAN DRIVE ALPHARETTA GA</b>
12.3 NAME	<b>ST KOLLEDA, BRUCE A. 1121 ALDERMAN DRIVE ALPHARETTA GA</b>
12.4 NAME	
12.5 NAME	
12.6 NAME	
12.7 NAME	
12.8 NAME	

13. ADDITIONS, CHANGES TO OFFICERS, AND NEW OFFICERS

13.1 NAME	<b>PRESIDENT, COO</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME	<b>PATRICK J FORTUNE</b>	
13.3 STREET ADDRESS	<b>1125 17TH STREET, STE 1500</b>	
13.4 CITY, ST, ZIP	<b>DENVER, CO 80202</b>	
13.5 NAME	<b>SECRETARY, CFO</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.6 NAME	<b>SAM R. LENO</b>	
13.7 STREET ADDRESS	<b>1125 17TH STREET, STE 1500</b>	
13.8 CITY, ST, ZIP	<b>DENVER, CO 80202</b>	
13.9 NAME	<b>VP TREASURER</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.10 NAME	<b>RICHARD SMITH</b>	
13.11 STREET ADDRESS	<b>1125 17TH STREET, STE 1500</b>	
13.12 CITY, ST, ZIP	<b>DENVER, CO 80202</b>	
13.13 NAME	<b>CEO</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.14 NAME	<b>JAMES M. SWEENEY</b>	
13.15 STREET ADDRESS	<b>1125 17TH STREET, STE 1500</b>	
13.16 CITY, ST, ZIP	<b>DENVER, CO 80202</b>	
13.17 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct and that I am qualified to sign this report and that the corporation shall have the same legal effect as if made in accordance with the provisions of the law of the jurisdiction in which the corporation is organized or in which it has its principal office, and that my name appears on Block 12 of this filing as changed or on an attached form with an address.

SIGNATURE: *Richard M. Smith* **RICHARD M. SMITH**  
VICE PRESIDENT, TREASURY & TAX

412645 305 222 4473