

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P35438 (1)
 1. Corporation Name
CORAM HEALTHCARE CORPORATION OF FLORIDA



Principal Place of Business	Mailing Address
CORAM HEALTHCARE 1121 ALDERMAN DRIVE ALPHARETTA GA 30202 US	CORAM HEALTHCARE 1121 ALDERMAN DRIVE ALPHARETTA GA 30202 US

3. Date Incorporated or Qualified 09/09/1991	3a. Date of Last Report 05/01/1995
4. FEI Number 58-1949695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 St. 1125 17th St.	26 1125 17th St.
Suite, Apt. #, etc. 22 1500	Suite, Apt. #, etc. 27 1500
City & State 23 Denver CO	City & State 28 Denver CO
Zip 24 80202	Country 25 U.S.
Country 29 U.S.	Zip 30 80202

9. Name and Address of Current Registered Agent
**NATIONAL REGISTERED AGENTS, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

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 _____

Signature of officer or director, or of registered agent and its applicable office

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCOO	<input checked="" type="checkbox"/> DELETE
NAME	FORTUNE, PATRICK J	
STREET ADDRESS	1125 17TH ST., STE. 1500	
CITY-ST-ZIP	DENVER CO	
TITLE	SCFO	<input checked="" type="checkbox"/> DELETE
NAME	LENO, SAM R	
STREET ADDRESS	1125 17TH ST., STE. 1500	
CITY-ST-ZIP	DENVER CO	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD	
STREET ADDRESS	1125 17TH ST., STE. 1500	
CITY-ST-ZIP	DENVER CO	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	SWEENEY, JAMES M	
STREET ADDRESS	1125 17TH STREET, STE. 1500	
CITY-ST-ZIP	DENVER CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

See Attached

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)(k), 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 617, 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

CR2E034 (3/96)

Coram, Inc.
Curaflex Health Services, Inc.
HealthInfusion, Inc.
HMSS, Inc.
Medisys, Inc.
T2 Medical, Inc.
and
All subsidiary Corporations
 (with the exception of Coram Alternate Site Services, Inc.)

Executive Officers

Officer Name/Title	Address/Telephone Number	Birthdate	Social Security Number
Donald J. Amaral President & CEO	844 Treemont Court Nashville, TN 37220 (303) 292-4973	9-20-52	558-74-0343
Richard M. Smith CFO & Secretary	5987 Nome Street Englewood, CO 80111 (303) 672-8717	5-21-59	339-58-4728
Kelly J. McCrann Executive Vice President	6532 Primrose Lane Niwot, CO 80503 (303) 672-8722	9-27-55	550-90-0640

Board of Directors

Officer Name/Title	Address/Telephone Number	Birthdate	Social Security Number
Donald J. Amaral Chairman	844 Treemont Court Nashville, TN 37220 (303) 292-4973	9-20-52	558-74-0343
Richard M. Smith Director	5987 Nome Street Englewood, CO 80111 (303) 672-8717	5-21-59	339-58-4728