

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 8:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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



Principal Place of Business: 1125 17TH STREET SUITE 1500 DENVER CO 80202 US
Mailing Address: 1125 17TH STREET SUITE 1500 DENVER CO 80202-2030 US

3. Date Incorporated or Qualified: 09/09/1991
3a. Date of Last Report: 07/31/1996
4. FEI Number: 58-1949695
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

2. Principal Place of Business
21 1125 17th Street
22 Suite 2100
23 Denver, CO
24 80202
25 US
2a. Mailing Address
26 1125 17th Street
27 Suite 2100
28 Denver, CO
29 80202
30 US

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

10. Name and Address of New Registered Agent
81 Name: NRAI Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue
83
84 City: Tallahassee FL 85 Zip Code: 32301

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *C. Baclet*
Signature, typed or printed name of registered agent, and date if applicable: C. Baclet, Vice-President 1/15/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	AMARAL, DONALD	
STREET ADDRESS	844 TREEMONT COURT	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	CFOS	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD M	
STREET ADDRESS	5987 NOME STREET	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	MCCRANN, KELLY	
STREET ADDRESS	6532 PRIMROSE LANE	
CITY - ST - ZIP	NWOT 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	

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: *Richard Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Richard Smith 1-7-97 202-292-4923
Date: 1-7-97 Daytime Phone #

CR2E034 (9/96)