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Mailing Address 1125 17TH STREET

SUITE 2100

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P35438

Principal Place of Business

1125 17TH STREET

SUITE 2100

CORAM HEALTHCARE CORPORATION OF FLORIDA

| Principal Place of Business 2a. Maifing Address 4. FEB Number Applied For Suite, Apt. #, etc. 25. Suite, Apt. #, etc. 5. Certificate of Stuttus Desired \$7.5 Additional Fee Required 75.5 Additional Fee | DENVER CO 80202 | | DENVER CO 80202 | | | DO NOT WRITE IN THIS SPACE | |
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| Principal Place of Business Za. Masting Address Sa. Masting | US | | US | | | 3. Date Incorporated or Qualifed | |
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| Suite, Apt. 8, etc. Suite, Apt. 8, etc. Scriticate of Status Desired \$8.75 Actional \$8.75 Actional | Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number Applied For | |
| Suito, Apt. #, etc. Suito, Apt. #, etc. 27 | 21 26 | | | _ | | 58-1949695 Not Applicable | |
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| City & State City & State City & State Country Zip Single Singl | 27 | | | | | 5. Certificate of Status Desired Fee Required | |
| Tous Fund Contribution Added to Fees | | | | | | 6. Election Campaign Financing S5.00 May Be | |
| Country Zip Country Zip Country B. This corporation owes the current year Intangable Personal Projectly Tax Yes No. | 23 | | 28 | | | Trust Fund Contribution Added to Fees | |
| Section Personal Property Tax. Personal | | Country | | Country | | 8. This corporation owes the current year Intangible | |
| 9. Name and Address of Current Registered Agent NRAI SERVICES 526 E. PARK AVENUE TALLAHASSEE FL 32301 84 City FL 85 Zip Code 1. 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 agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and mainlier with, and accept the obligations of Section 607.0502. Florida Statutes, the above-named corporation's board of directors. I hereby accept the eligibation of Section 607.0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the eligibation as registered agent, and mainlier with, and accept the obligations of Section 607.0505. Florida Statutes and the sequence of corporation's board of directors. I hereby accept the eligibation as registered agent and the provisions of Section 607.0505. Florida Statutes and the sequence of the purpose of changing its registered agent and the provisions of Section 607.0505. Florida Statutes and the sequence of the purpose of changing its registered agent and the provisions of Section 607.0505. Florida Statutes and the sequence of the purpose of changing its registered agent and the sequence of the purpose of changing its registered agent and the sequence of the purpose of changing its registered agent and the sequence of the purpose of changing its registered agent and the sequence of the purpose of changing its registered agent and the sequence of the purpose of changing its registered agent and the sequence of the purpose of changing its registered agent and the sequence of the purpose of changing its registered agent and the sequence of the purpose of the sequence of the sequence of the sequence of the purpose of the sequence of the sequen | 24 | ` | 29 30 | _ | | Personal Property Tax. | |
| NRAI SERVICES 528 E. PARK AVENUE TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 83 Report of 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 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, and accept the obligations of, Section 607.605. Florida Statutes. 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 2. OFFICERS AND DIRECTORS IN 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 2. OFFICERS AND DIRECTORS IN 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 3. STREET ADDRESS SATE AND STREET ADDRESS IN 12 S | · · | | | $\neg \neg$ | | 10. Name and Address of New Registered Agent | |
| TALLAHASSEE FL 32301 84 City FL 85 Zip Code 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered signal or polity, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered signal, I am familiar with, and accept the objection 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered with a familiar with and accept the appointment as registered signal, I am familiar with, and accept the appointment as registered with a familiar with. 1. Pursuant to the purpose of the purpose of the appointment as with a state and | | Training Brita Francisco | | 81 | Name | | |
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| TALLAHASSEE FL 32301 B3 | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 1. 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 agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the espeniment as registered agent agent. I am familiar with, and except the obligations of, Section 607.0505, Florida Statutes. GIONATURE Signature, typed or present name of implications of, Section 607.0505, Florida Statutes. FINCE AMARAL, DONALD 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WE AMARAL, DONALD 13. TREET ADDRESS AME AMARAL DONALD 13. TREET ADDRESS AME SMITH, RICHARD M 13. STREET ADDRESS AME SMITH, RICHARD M 13. STREET ADDRESS AME SMITH, RICHARD M 13. STREET ADDRESS AME LARSON, SCOTT 22. NAME 23. STREET ADDRESS AME LARSON, SCOTT 33. TREET ADDRESS ACTIV-57-2P ENGLEWOOD CO 10. LETE 31. TITLE POPULATION OF CACACYS SCONING Addition Addition ACTIV-57-2P ALARSON, SCOTT 33. STREET ADDRESS ALARSON, SCOTT 34. STREET ADDRESS ALARSON, SCOTT 35. STREET ADDRESS ALARSON, SCOTT 35. STREET ADDRESS | | | | | 02 | | |
| 1. Purpuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, section 607.6505. Florida Statutes. SIGNATURE SIGN | IALL | ANASSEE PL SZSU1 | | 63 | | | |
| 1. 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. GIONATURE Separate, 1, post of pretend name of registered agent and time familiar depends of the State of Florida. Statutes and the State of Florida. Statutes are compared to the state of Florida. Statutes and the State of Florida. Statutes are compared to the compare | | | | 84 | Citv | 85 Zip Code | |
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| agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. Signature. | 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, tl | he above | -named o | d corporation submits this statement for the purpose of changing its registered | |
| SIGNATURE Superstrue, typed or precise name of registered against and tills of applicable. 2 | office or r | egistered agent, or both, in the State (| of Florida. Such change was author | rized by t | ine corpo | poration's poard of directors. I hereby accept the appointment as registered | |
| Signature, typed or present agent and use if applicable. (NOTE: Regulated Agent agrication when installated) | - | III lamiliai with and accept the obligat | 10113 01, 00011011 001 10100, 1 1011011 | | | | |
| DELETE PCEO | SIGNATURE | Stenature, based or printed name of registered agen | and title if applicable. (NOTE: Regis | stered Apent | t signature re | required when reinstating) DATE | |
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| 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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 | NAME | Meight - such sou | | | | | |
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| 6.4 CITY-ST-ZIP 14. I 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 | NAME | | | 6.2 NAME | į | | |
| 6.4 CITY-ST-ZIP 14. I 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 | STREET ADDRESS | _ | | 6.3 STREET | ADDRESS | S . | |
| 14. I 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 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 | CITY-ST-79P | l | | | | 1 | |
| indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that it 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 | 14 Lhoroby | certify that the information supplied wi | th this filing does not qualify for the | exemption | on stated | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information | |
| onicer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Fronda Statutes, and that my hande appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. | indicated | on this annual report or supplemental | annual report is true and accurate | and that | mv siana | nature shall have the same legal effect as it made under gain, that i am an | |
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SIGNATURE:

FILED Apr 16, 1999 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE