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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90100 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P35438**

1. Corporation Name
CORAM HEALTHCARE CORPORATION OF FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1125 17TH STREET SUITE 2100 DENVER CO 80202 US

Mailing Address
1125 17TH STREET SUITE 2100 DENVER CO 80202 US

3. Date Incorporated or Qualified
09/09/1991

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

**NRAI SERVICES
 526 E. PARK AVENUE
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	AMARAL, DONALD	
STREET ADDRESS	844 TREMONT COURT	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	CFOS	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD M	
STREET ADDRESS	5381 S GENEVA WAY	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LARSON, SCOTT	
STREET ADDRESS	739 PARK DR, NE	
CITY-ST-ZIP	ATLANTA GA 20242	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GOMEZ, ROBYN	
STREET ADDRESS	15667 E QUINCY LANE	
CITY-ST-ZIP	AURORA CO 80015	
TITLE	ASST.	<input type="checkbox"/> DELETE
NAME	Wendy L. Simpson	
STREET ADDRESS	1125 17th St.	
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	Board of Directors	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President	<input checked="" 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	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Taylor, Robyn	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	same	
5.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	wendy L. Simpson	
5.3 STREET ADDRESS	1125 17th St. Ste 2100	
5.4 CITY-ST-ZIP	Denver, CO 80202	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 Signature: **Robyn Taylor** Date: **4-8-99** Daytime Phone #: **203-292-4923**

CR2E034 (1/198)