

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90215 001 ***900.00

DOCUMENT # P35438

1. Entity Name
CORAM HEALTHCARE CORPORATION OF FLORIDA

Principal Place of Business 1125 17TH STREET SUITE 2100 DENVER CO 80202 US	Mailing Address 1125 17TH STREET SUITE 2100 DENVER CO 80202 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **58-1949695** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

38736



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NRAI SERVICES
526 E. PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD AMARAL, DONALD 844 TREEMONT COURT NASHVILLE TN <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, RICHARD M 5381 S GENEVA WAY ENGLEWOOD CO <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LARSON, SCOTT 739 PARK DR, NE ATLANTA GA 20242 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TAYLOR, ROBYN 15667 E QUINCY LANE AURORA CO 80015 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SIMPSON, WENDY 1125 17TH STREET, STE. 2100 DENVER CO 80202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Allen J. Marabito 1125 17th Street, Suite 2100 Denver, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vito Ponzio, Jr 1125 17th Street, Suite 2100 Denver, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP and Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David A. Schwab 1125 17th Street, Suite 2100 Denver, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr VP, CFO and Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Scott R. Danitz 1125 17th Street, Suite 2100 Denver, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gerald A. Reyn-olds 1125 17th Street, Suite 2100 Denver, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Reimbursements <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rodney Wright 1125 17th Street, Suite 2100 Denver, CO 80202

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Schwab, VP and Secretary *4/11/01*
 Date Daytime Phone #

CFR2E034 (10/00)