

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90302 001 ***900.00

DOCUMENT # P35438

1. Entity Name
CORAM HEALTHCARE CORPORATION OF FLORIDA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6204 Benjamin Road Suite, Apt. #, etc. 200	1675 Broadway Suite, Apt. #, etc. 900

City & State	City & State
Tampa, FL	Denver, CO

4. FEI Number	Applied For
58-1949695	<input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
33634	USA	80202	USA

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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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 N/A

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

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, 2002 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	P <input type="checkbox"/> Delete
NAME	MARABITO, ALLEN J
STREET ADDRESS	1125 17TH STREET SUITE 2100
CITY-ST-ZIP	DENVER CO 80202
TITLE	SRVP <input type="checkbox"/> Delete
NAME	PONZIO, VITO JR
STREET ADDRESS	1125 17TH STREET SUITE 2100
CITY-ST-ZIP	DENVER CO 80202
TITLE	VPS <input type="checkbox"/> Delete
NAME	SCHWAB, DAVID A
STREET ADDRESS	1125 17TH STREET SUITE 2100
CITY-ST-ZIP	DENVER CO 80202
TITLE	SVCT <input type="checkbox"/> Delete
NAME	DANITZ, SCOTT R
STREET ADDRESS	1125 17TH STREET SUITE 2100
CITY-ST-ZIP	DENVER CO 80202
TITLE	VPC <input type="checkbox"/> Delete
NAME	REYNOLDS, GERALD A
STREET ADDRESS	1125 17TH STREET, STE. 2100
CITY-ST-ZIP	DENVER CO 80202
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	WRIGHT, RODNEY
STREET ADDRESS	1125 17TH STREET SUITE 2100
CITY-ST-ZIP	DENVER CO 80202

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1675 Broadway, Suite 900
CITY-ST-ZIP	Denver, CO 80202
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	same as above
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	same as above
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	same as above
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	same as above
CITY-ST-ZIP	

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 REQUIRED**

[Signature] **1/15/02** **303-872-4973**

CR2E034 (9/01)