
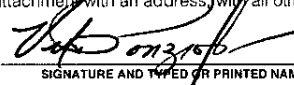


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90012 045 ***150.00

DOCUMENT # P35438					
1. Entity Name CORAM HEALTHCARE CORPORATION OF FLORIDA					
Principal Place of Business 6204 BENJAMIN RD. 200 TAMPA, FL 33634 US			Mailing Address 1675 BROADWAY 900 DENVER, CO 80202 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-1949695	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES 526 E. PARK AVENUE TALLAHASSEE, FL 32301				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARABITO, ALLEN J		NAME		
STREET ADDRESS	1675 BROADWAY SUITE 900		STREET ADDRESS		
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP		
TITLE	SRVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PONZIO, VITO JR		NAME		
STREET ADDRESS	1675 BROADWAY SUITE 900		STREET ADDRESS		
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP		
TITLE	SVCT	<input type="checkbox"/> Delete	TITLE	Sr. VP, CFO, Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANITZ, SCOTT R.		NAME	Dantiz, Scott R.	
STREET ADDRESS	1675 BROADWAY SUITE 900		STREET ADDRESS	1675 Broadway, Suite 900	
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP	Denver, CO 80202	
TITLE	VPC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, GERALD A		NAME		
STREET ADDRESS	1675 BROADWAY SUITE 900		STREET ADDRESS		
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President, Taxation	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Moeller, Scott T.	
STREET ADDRESS			STREET ADDRESS	1675 Broadway, Suite 900	
CITY-ST-ZIP			CITY-ST-ZIP	Denver, CO 80202	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, will all other like empowered.					
SIGNATURE: 		Vito Ponzio, Jr.		2/2/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				(303) 672-8631	