

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90011 048 ***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
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50001402



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1949695	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating). DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARABITO, ALLEN J 1675 BROADWAY SUITE 900 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP PONZIO, VITO JR 1675 BROADWAY SUITE 900 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCT DANITZ, SCOTT R 1675 BROADWAY SUITE 900 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC REYNOLDS, GERALD A 1675 BROADWAY SUITE 900 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOELLER, SCOTT 1675 BROADWAY, STE. 900 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, with all other like empowered.

SIGNATURE: *Vito Ponzio, Jr.* **Vito Ponzio, Jr.** *1/11/05* **303-292-4973**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #