


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90233 046 \*\*\*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**

**00001955**

2. Principal Place of Business  
**1675 Broadway**

3. Mailing Address  
 Suite, Apt. #, etc.  
**Suite 900**

City & State  
**Denver, CO**

City & State  
 City & State

Zip  
**80202**

Country  
**USA**



01062006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

4. FEI Number  
**58-1949695**

Applied For  
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 <input checked="" type="checkbox"/> Delete 1675 BROADWAY SUITE 900 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP PONZIO, VITO JR <input type="checkbox"/> Delete 1675 BROADWAY SUITE 900 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCT DANITZ, SCOTT R <input type="checkbox"/> Delete 1675 BROADWAY SUITE 900 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC REYNOLDS, GERALD A <input checked="" type="checkbox"/> Delete 1675 BROADWAY SUITE 900 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOELLER, SCOTT <input type="checkbox"/> Delete 1675 BROADWAY, STE. 900 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Michael E. Dell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1675 Broadway, Suite 900 Denver, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP/D Vito Ponzio, Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1675 Broadway, Suite 900 Denver, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Scott R. Danitz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1675 Broadway, Suite 900 Denver, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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., Sr. VP** **1/13/06** **303-672-8631**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #