

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**

60001955



2. Principal Place of Business
1675 Broadway

3. Mailing Address

Suite, Apt. #, etc.
Suite 900

Suite, Apt. #, etc.

01062006 Chg-P CR2E034 (11/05)

City & State
Denver, CO

City & State

4. FEI Number

58-1949695

Applied For

Not Applicable

Zip
80202

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☒ Delete
NAME **MARABITO, ALLEN J**
STREET ADDRESS **1675 BROADWAY SUITE 900**
CITY-ST-ZIP **DENVER, CO 80202**

TITLE **V/S** ☐ Change ☒ Addition
NAME **Michael E. Dell**
STREET ADDRESS **1675 Broadway, Suite 900**
CITY-ST-ZIP **Denver, CO 80202**

TITLE **SRVP** ☐ Delete
NAME **PONZIO, VITO JR**
STREET ADDRESS **1675 BROADWAY SUITE 900**
CITY-ST-ZIP **DENVER, CO 80202**

TITLE **SRVP/D** ☒ Change ☐ Addition
NAME **Vito Ponzio, Jr.**
STREET ADDRESS **1675 Broadway, Suite 900**
CITY-ST-ZIP **Denver, CO 80202**

TITLE **SVCT** ☐ Delete
NAME **DANITZ, SCOTT R**
STREET ADDRESS **1675 BROADWAY SUITE 900**
CITY-ST-ZIP **DENVER, CO 80202**

TITLE **P/D** ☒ Change ☐ Addition
NAME **Scott R. Danitz**
STREET ADDRESS **1675 Broadway, Suite 900**
CITY-ST-ZIP **Denver, CO 80202**

TITLE **VPC** ☒ Delete
NAME **REYNOLDS, GERALD A**
STREET ADDRESS **1675 BROADWAY SUITE 900**
CITY-ST-ZIP **DENVER, CO 80202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **MOELLER, SCOTT**
STREET ADDRESS **1675 BROADWAY, STE. 900**
CITY-ST-ZIP **DENVER, CO 80202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[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 #