


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90041 035 ***150.00

DOCUMENT # P35438

1. Entity Name
CORAM HEALTHCARE CORPORATION OF FLORIDA



Principal Place of Business Mailing Address

6204 BENJAMIN RD. 1675 BROADWAY
 200 900
 TAMPA, FL 33634 US DENVER, CO 80202 US

40019416



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02022007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

58-1949695 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007. Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> Delete
NAME	DELL, MICHAEL E	
STREET ADDRESS	1675 BROADWAY SUITE 900	
CITY-ST-ZIP	DENVER, CO 80202	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	POMZIO, VITO	
STREET ADDRESS	1675 BROADWAY SUITE 900	
CITY-ST-ZIP	DENVER, CO 80202	
TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	DANITZ, SCOTT R	
STREET ADDRESS	1675 BROADWAY SUITE 900	
CITY-ST-ZIP	DENVER, CO 80202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOELLER, SCOTT	
STREET ADDRESS	1675 BROADWAY, STE. 900	
CITY-ST-ZIP	DENVER, CO 80202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vito Ponzio, Jr.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Allen	
STREET ADDRESS	President & Treasurer	
CITY-ST-ZIP	1675 Broadway, Ste 900	
	Denver CO 80202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Vito Ponzio, Jr.** Date: **2/16/07** **(303) 672-8790**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #