2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35438

FILED Apr 16, 2009 Secretary of State

Entity Name: CORAM HEALTHCARE CORPORATION OF FLORIDA

| Current Pi | rincipal Plac | ce of Business: | New Prince | ipal Place of Business: | |
|--|---|---|---|---|-----------|
| 6204 BENJ 200 | JAMIN RD. | | | | |
| TAMPA, FL | _ 33634 | JS | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | |
| 1675 BRO | | 110 | | | |
| | CO 80202 | US | | | |
| FEI Number: | 58-1949695 | FEI Number Applied For () | FEI Number Not App | icable () Certificate of Status Desired () | |
| Name and | Address of | Current Registered Agent: | Name and | Address of New Registered Agent: | |
| 1201 HAYS | SSTREET | ICE COMPANY 3012525 US | | | |
| | named entity of Florida. | y submits this statement for the p | ourpose of changing i | ts registered office or registered agent, or botl | ٦, |
| SIGNATUF | RE: | | | | |
| | | | | | |
| | Electro | onic Signature of Registered Age | ent | Date | - |
| | | onic Signature of Registered Ageing Trust Fund Contribution (). | ent | Date | _ |
| Election Can | | ing Trust Fund Contribution (). | | Date IS/CHANGES TO OFFICERS AND DIRECTO | - DRS: |
| Election Can | npaign Financi S AND DIRE SEC (DELL, MICHA | CTORS: () Delete NEL E WAY SUITE 900 | | | PRS: |
| Election Can OFFICERS Title: Name: Address: | SEC (DELL, MICHA 1675 BROAD DENVER, CO SRVP (PONZIO, VITO | CTORS: () Delete NEL E WAY SUITE 900 9 80202 () Delete O JR WAY SUITE 900 | ADDITION Title: Name: Address: | IS/CHANGES TO OFFICERS AND DIRECTO | ORS: |
| Election Can OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: | SEC (DELL, MICHA 1675 BROAD DENVER, CO SRVP (PONZIO, VITO 1675 BROAD DENVER, CO PT (ALLEN, ROBI | ing Trust Fund Contribution (). CTORS: () Delete (EL E (WAY SUITE 900) 80202 () Delete O JR (WAY SUITE 900) 80202 () Delete ERT (WAY SUITE 900 | ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: | IS/CHANGES TO OFFICERS AND DIRECTO () Change () Addition VP (X) Change () Addition DELL, MICHAEL E 1675 BROADWAY SUITE 900 | ORS: |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E. DELL SEC 04/16/2009