

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38653 (2)
1. Corporation Name
POMONA CONSULTANTS INC.

Principal Place of Business: **5624 AMERSHAM WAY BOCA RATON FL 33486**
Mailing Address: **5624 AMERSHAM WAY BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1992	3a. Date of Last Report 05/01/1994
21		26		4. FEI Number 13-3009868	Applied For Not Applicable
22. State, Apt # etc		27. State, Apt # etc		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEMSKY, MICHAEL 5624 AMERSHAM WAY BOCA RATON FL 33486				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.0502 and 607.150a, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD		1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMSKY, MICHAEL		1. NAME		
STREET ADDRESS	5624 AMERSHAM WAY		1. STREET ADDRESS		
CITY, ST, ZIP	BOCA RATON FL		1. CITY, ST, ZIP		
TITLE	SD		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMSKY, LAURA		2. NAME		
STREET ADDRESS	5624 AMERSHAM WAY		2. STREET ADDRESS		
CITY, ST, ZIP	BOCA RATON FL		2. CITY, ST, ZIP		
TITLE			3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3. NAME		
STREET ADDRESS			3. STREET ADDRESS		
CITY, ST, ZIP			3. CITY, ST, ZIP		
TITLE			4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4. NAME		
STREET ADDRESS			4. STREET ADDRESS		
CITY, ST, ZIP			4. CITY, ST, ZIP		
TITLE			5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5. NAME		
STREET ADDRESS			5. STREET ADDRESS		
CITY, ST, ZIP			5. CITY, ST, ZIP		
TITLE			6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6. NAME		
STREET ADDRESS			6. STREET ADDRESS		
CITY, ST, ZIP			6. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true and qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the recipient of trustee employment to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of an officer or director with an address.

SIGNATURE: *Michael M. Demsky* **MICHAEL M. DEMSKY** 4/15/95 407-499-3876

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Walter B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
(1995)

DOCUMENT # **P38913** (0)

MAY - 1 AM 9:58

1. Corporation Name

SPACE COAST HOME THERAPEUTICS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Home Address
1121 ALDERMAN DRIVE ALPHARETTA GA 30202	1121 ALDERMAN DRIVE ALPHARETTA GA 30202

3. Date Incorporated or Qualified	3a. Date of Last Report
05/21/1992	05/01/1994
4. FEI Number	Appared Fee
58-1987652	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This Corporation has liability for intangible tax under § 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21	26
22. State Apt # etc.	27. State Apt # etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. County	30. County

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	B5 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.035(2) and 607.1508, Florida Statutes, the above-named corporation admits the statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0305, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD CARTER TOMMY H. 1121 ALDERMAN DR. ALPHARETTA GA	OFFICE	PRESIDENT / COO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1121 ALDERMAN DR. ALPHARETTA GA	NAME	PATRICK J FORTUNE
CITY STATE	ALPHARETTA GA	STREET ADDRESS	1125 17TH STREET STE 1500
ZIP		CITY STATE	DENVER, CO 80202 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD LARSON SCOTT T. 1121 ALDERMAN DR. ALPHARETTA GA	OFFICE	SECRETARY / CFO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1121 ALDERMAN DR. ALPHARETTA GA	NAME	SAM R. LENO
CITY STATE	ALPHARETTA GA	STREET ADDRESS	1125 17TH STREET STE 1500
ZIP		CITY STATE	DENVER, CO 80202 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST KOLLEDA BRUCE A. 1121 ALDERMAN DR. ALPHARETTA GA	OFFICE	VP TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1121 ALDERMAN DR. ALPHARETTA GA	NAME	RICHARD SMITH
CITY STATE	ALPHARETTA GA	STREET ADDRESS	1125 17TH STREET STE 1500
ZIP		CITY STATE	DENVER, CO 80202 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERSH, DAVID 1121 ALDERMAN DRIVE ALPHARETTA GA	OFFICE	CEO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1121 ALDERMAN DRIVE ALPHARETTA GA	NAME	JAMES M. SWEENEY
CITY STATE	ALPHARETTA GA	STREET ADDRESS	1125 17TH STREET STE 1500
ZIP		CITY STATE	DENVER, CO 80202 <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the nonpublic status in tax law (19107) (b)(6), Florida Statutes. I further certify that the information disclosed on this annual report or supplemental annual 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 executor or trustee or assignee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this filing has been procured without an affidavit with an affidavit.

SIGNATURE: *Richard M. Smith* RICHARD M. SMITH VICE PRESIDENT, TREASURY & TAX 4/26/95 303 292 4973