

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 FEB -3 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P38913 (0)

1. Corporation Name  
SPACE COAST HOME THERAPEUTICS, INC.

Principal Place of Business  
1125 17TH STREET, SUITE 1500  
DENVER CO 80202

Mailing Address  
1125 17TH STREET, SUITE 1500  
DENVER CO 80202-2030

3. Date Incorporated or Qualified 05/21/1992  
3a. Date of Last Report 09/09/1996

2. Principal Place of Business  
21 1125 17th Street  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1125 17th Street  
Suite, Apt. #, etc.

4. FEI Number 58-1987652  
Applied For Not Applicable

22 Suite 2100  
23 City & State  
Denver, CO

27 Suite 2100  
28 City & State  
Denver, CO

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

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

24 Zip 80202  
25 Country US

29 Zip 80202  
30 Country US

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	AMARAL, DONALD J	
STREET ADDRESS	844 TREEMONT COURT	
CITY-ST-ZIP	NASHVILLE NJ 37220	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD M	
STREET ADDRESS	5987 NOME STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	<del>Y</del>	<del><input checked="" type="checkbox"/> DELETE</del>
NAME	MCCRANN, KELLY J	
STREET ADDRESS	532 PRIMROSE LANE	
CITY-ST-ZIP	NIWOT CO 80503	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 1-1-97 DAYTIME PHONE: 202-292-4973

CR2E034 (9/96)