

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 96 SEP -9 AM 9:17

DOCUMENT # **P94000029949 (2)**

1. Corporation Name  
**FIRST CIRCLE, INC.**



Principal Place of Business Mailing Address  
**1125 17TH STREET SUITE 1500 DENVER CO 80202 US**

*Byk 9/16/96*

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

3. Date Incorporated or Qualified **04/20/1994** 3a. Date of Last Report **05/01/1995**  
 4. FEI Number **58-2084918** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.  
 1201 HAYS ST.  
 TALLAHASSEE FL 32301**

81 Name **NRAI Services, Inc.**  
 82 Street Address (P.O. Box Numbers Not Acceptable) **526 E. Park Ave.**  
 83  
 84 **Tallahassee** FL 85 Zip Code **32301**

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 *William Petty* **William Petty, Assistant Secretary** 8/29/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FORTUNE, PATRICK J	
STREET ADDRESS	1125 17TH STREET, SUITE 1500	
CITY-ST-ZIP	DENVER CO	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LENO, SAM R	
STREET ADDRESS	1125 17TH STREET, SUITE 1500	
CITY-ST-ZIP	DENVER CO	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD	
STREET ADDRESS	1125 17TH STREET, SUITE 1500	
CITY-ST-ZIP	DENVER CO	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	SWEENEY, JAMES M	
STREET ADDRESS	1125 17TH STREET, SUITE 1500	
CITY-ST-ZIP	DENVER CO	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>See Attached</b>
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 \*\*\*\*225.00 \*\*\*\*225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Smiths* **Richard Smiths** 8-26-96 303-672-8644

CR2E034 (3/96)

**Coram, Inc.**  
**Curaflex Health Services, Inc.**  
**Health Infusion, Inc.**  
**HMSS, Inc.**  
**Medisys, Inc.**  
**T2 Medical, Inc.**  
**and**  
**All subsidiary Corporations**  
 (with the exception of Coram Alternate Site Services, Inc.)

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Executive Officers

Officer Name/Title	Address/Telephone Number	Birthdate	Social Security Number
Donald J. Amaral President & CEO	844 Treemont Court Nashville, TN 37220 (303) 292-4973	9-20-52	558-74-0343
Richard M. Smith CFO & Secretary	5987 Nome Street Englewood, CO 80111 (303) 672-8717	5-21-59	339-58-4728
Kelly J. McCrann Executive Vice President	6532 Primrose Lane Niwot, CO 80503 (303) 672-8722	9-27-55	550-90-0640

Board of Directors

Officer Name/Title	Address/Telephone Number	Birthdate	Social Security Number
Donald J. Amaral Chairman	844 Treemont Court Nashville, TN 37220 (303) 292-4973	9-20-52	558-74-0343
Richard M. Smith Director	5987 Nome Street Englewood, CO 80111 (303) 672-8717	5-21-59	339-58-4728