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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

(1)

FILED
96 SEP 10 AM 10: 11
SECRETARY OF STATE

DOCUMENT # S62393 (1)

1. Corporation Name
STRATOGEN OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1121 ALDERMAN DRIVE ALPHARETTA GA 30202 US	1121 ALDERMAN DRIVE ALPHARETTA GA 30202 US

3. Date Incorporated or Qualified: 06/26/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 33-0566698 — 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

2. Principal Place of Business	2a. Mailing Address
21 1125 17th St.	26 1125 17th St.
Suite, Apt. #, etc: 22 1500	Suite, Apt. #, etc: 27 1500
City & State: 23 Denver CO	City & State: 28 Denver CO
Zip: 24 80202 — Country: 25 U.S.	Zip: 29 80202 — Country: 30 U.S.

9. Name and Address of Current Registered Agent
PRENTICE HALL CORPORTION SYSTEM INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: NRAI Services Inc.
82 Street Address (P.O. Box Number Is Not Acceptable): 526 E. Park Ave.
83
84 City: 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 [signature] **William Petty, Assistant Secretary** 8/29/96
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCOO	☒ DELETE
NAME	FORTUNE, PATRICK J	
STREET ADDRESS	1125 17TH ST., STE. 1500	
CITY-ST-ZIP	DENVER CO	
TITLE	SCFO	☒ DELETE
NAME	LENO, SAM R	
STREET ADDRESS	1125 17TH ST., STE. 1500	
CITY-ST-ZIP	DENVER CO	
TITLE	VPT	☐ DELETE
NAME	SMITH, RICHARD	
STREET ADDRESS	1125 17TH STREET, STE. 1500	
CITY-ST-ZIP	DENVER GA	
TITLE	CEO	☒ DELETE
NAME	SWEENEY, JAMES M	
STREET ADDRESS	1125 17TH ST., STE. 1500	
CITY-ST-ZIP	DENVER CO	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — ☐ Change ☐ Addition
See Attached

2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP — ☐ Change ☐ Addition
100001952?1
-09/20/96--01050--010
****225.00 ****225.00

3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP — ☐ Change ☐ Addition

4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — ☐ Change ☐ Addition

5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — ☐ Change ☐ Addition

6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition

9/19/96

CR2E034 (3/96)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008230 CP

2

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

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