

**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.)**



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

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996

DOCUMENT # **P17113 (2)**  
 1. Corporation Name  
**T2 MEDICAL, INC.**



Principal Place of Business  
**1121 ALDERMAN DR  
 ALPHARETTA GA 30202**

Mailing Address  
**1121 ALDERMAN DR  
 ALPHARETTA GA 30202**

3. Date Incorporated or Qualified **01/11/1988** 3a. Date of Last Report **05/01/1995**  
 4. FEI Number **59-2405366** 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  
 21 **1125 17th St.**  
 Suite, Apt #, etc. **1500**  
 22  
 City & State **Denver CO**  
 23  
 Zip **80202** Country **U.S.**  
 24  
 2a. Mailing Address  
 26 **1125 17th St.**  
 Suite, Apt #, etc. **1500**  
 27  
 City & State **Denver CO**  
 28  
 Zip **80202** Country **U.S.**  
 29 30

9. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
 526 E. PARK AVE.  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed below (if applicable) (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS

TITLE	PCOO	<input checked="" type="checkbox"/> DELETE
NAME	FORTUNE, PATRICK J	
STREET ADDRESS	1125 17TH STREET, STE. 1500	
CITY-ST-ZIP	DENVER CO	
TITLE	SCFO	<input checked="" type="checkbox"/> DELETE
NAME	LENO, SAM R	
STREET ADDRESS	1125 17TH STREET, STE. 1500	
CITY-ST-ZIP	DENVER CO	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD	
STREET ADDRESS	1125 17TH STREET, STE. 1500	
CITY-ST-ZIP	DENVER CO	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	SWEENEY, JAMES M	
STREET ADDRESS	1125 17TH STREET, STE. 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	
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	

*See Attached*

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

**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