Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90127 031 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F9700001182

AMERICAN HOMEPATIENT VENTURES, INC.				A 1000/1000 2015 (10/20 100/20 00/20 00/20 00/20 00/20 00/20 1/20/20 00/20 1/20/20 1/20/20 1/20/20 1/20/20 1/2
Principal Place	of Business	Mailing Address		
5200 MARYLAND WAY #400 5200 MARYLAND WAY #400 BRENTWOOD TN 37027-5018 BRENTWOOD TN 37027-5018				
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 03/07/1997
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		<b>62-1505940</b> Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
22		27		Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	C	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒No
24	9. Name and Address of Current	Pagistered Agent		10. Name and Address of New Registered Agent
	3. Hatte and Address of Current	negistorea Agent	81 Nam	
NRA	I SERVICES, INC.			(DO D. N. Lee is Man Assessable)
526 E PARK AVE			82 Stree	reet Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301			83	
			24 00	ty 85 Zip Code
			84 City	FL   Sip Code
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	af Florida. Such change was autho	onzed by the co	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Ret	nistered Agent signatur	ature required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WISSING, EDWARD K		1.2 NAME	Joseph F. Furlong III
STREET ADDRESS	5200 MARYLAND WAY #400		1.3 STREET ADDRES	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	BRENTWOOD TN 37027-5018		1.4 C/TY-ST-Z/P	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GNASS, DAVID		2.2 NAME	Thomas E. Mills
STREET ADDRESS	5200 MARYLAND WAY #400		2.3 STREET ADDRES	RESS
CITY-ST-ZIP	BRENTWOOD TN 37027-5018		2. 4 CITY- ST- ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RODGERS, MARY ELLEN		32 NAME	MarilynaD'Hara
STREET ADDRESS	5200 MARYLAND WAY #400		3.3 STREET ADDRES	
CITY-ST-ZIP	BRENTWOOD TN 37027-5018	□ DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	CFO	☐ DELETE	4.1 TITLE	As a situal O'llaca
NAME	RODGERS, MARY ELLEN		4. 2 NAME	marilynh.O'Hara
STREET ADDRESS	5200 MARYLAND WAY #400		4.3 STREET ADDRES	AESS
CITY-ST-ZIP	BRENTWOOD TN 37027-5018	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
TITLE	VS CDINGED DOREDT I	C) Dereit	5.1 IIILE 5.2 NAME	
NAME	Fringer, robert L 5200 Maryland Way #400		5.3 STREET ADDRES	RESS
STREET ADDRESS	DENTMOOD THE STOST FOLD		54 CTY-ST-ZIP	

14. I 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, with all other like empowered.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1-13-99

615.221.8884

☐ Addition

Change