FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2002 8:00 am **Secretary of State** DOCUMENT # F97000001182 1. Entity Name 01-30-2002 90155 008 \*\*\*150.00 AMERICAN HOMEPATIENT VENTURES, INC. Principal Place of Business Mailing Address 5200 MARYLAND WAY #400 5200 MARYLAND WAY #400 **BRENTWOOD TN 37027-5018** BRENTWOOD TN 37027-5018 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 62-1505940 Not Applicable QiS Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 E PARK AVE** TALLAHASSEE FL 32301 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) Addition TITLE DPE ☐ Delete TITLE NAME NAME FURLONG, JOSEPH F III STREET ADDRESS STREET ADDRESS 5200 MARYLAND WAY #400 **BRENTWOOD TN 37027-5018** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delete Addition D۷ NAME NAME MILLS, THOMAS E STREET ADDRESS STREET ADDRESS 5200 MARYLAND WAY #400 CITY-ST-ZIP CITY-ST-ZIP BRENTWOOD TN 37027-5018 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME O'HARA, MARILYN STREET ADDRESS STREET ADDRESS 5200 MARYLAND WAY #400 CITY-ST-ZIP CITY-ST-ZIP BRENTWOOD TN 37027-5018 TITLE ☐ Delete TITLE Change ■ Addition O'HARA, MARILYN STREET ADDRESS STREET ADDRESS 5200 MARYLAND WAY #400 CITY-ST-ZIP **BRENTWOOD TN 37027-5018** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME FRINGER, ROBERT L STREET ADDRESS 5200 MARYLAND WAY #400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRENTWOOD TN 37027-5018** TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. Thereby 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 11 or Block 12 if

SIGNATURE: