

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001182

FILED  
Jan 12, 2011  
Secretary of State

**Entity Name:** AMERICAN HOMEPATIENT VENTURES, INC.

**Current Principal Place of Business:**

5200 MARYLAND WAY  
SUITE 400  
BRENTWOOD, TN 37027

**New Principal Place of Business:**

**Current Mailing Address:**

5200 MARYLAND WAY  
SUITE 400  
BRENTWOOD, TN 37027

**New Mailing Address:**

**FEI Number:** 62-1505940      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FURLONG, JOSEPH F III  
Address: 5200 MARYLAND WAY, SUITE 400  
City-St-Zip: BRENTWOOD, TN 37027

Title: VDS  
Name: CLANTON, STEPHEN L  
Address: 5200 MARYAND WAY, SUITE 400  
City-St-Zip: BRENTWOOD, TN 37027

Title: DV  
Name: POWERS, FRANK  
Address: 5200 MARYLAND WAY, SUITE 400  
City-St-Zip: BRENTWOOD, TN 37027

Title: V  
Name: FRINGER, ROBERT L  
Address: 5200 MARYLAND WAY, SUITE 400  
City-St-Zip: BRENTWOOD, TN 37027

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT L. FRINGER

V

01/12/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date