

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # **P02811 (8)**

1. Corporation Name

APRIA HEALTHCARE, INC.



Principal Place of Business

17650 NEWHOPE ST.
FOUNTAIN VALLEY CA 92708

Mailing Address

17650 NEWHOPE ST.
FOUNTAIN VALLEY CA 92708

2. Principal Place of Business

2a. Mailing Address

21 | **3560 Hyland Avenue**
State, Apt. #, etc.

26 | **3560 Hyland Avenue**
State, Apt. #, etc.

22 | City & State

27 | City & State

23 | **Costa Mesa, CA**

28 | **Costa Mesa, CA**

24 | **92626**
Zip

25 | **USA**
Country

29 | **92626**
Zip

30 | **USA**
Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/24/1984

3a. Date of Last Report

03/22/1995

4. FEI Number

33-0057155

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0602 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 607.030, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1. TITLE | PD | <input type="checkbox"/> DELETE |
| 2. NAME | JONES, JEREMY M. | |
| 3. STREET ADDRESS | 17650 NEWHOPE ST. | |
| 4. CITY, ST, ZIP | FOUNTAIN VALLEY CA | |
| 5. TITLE | V | <input checked="" type="checkbox"/> DELETE |
| 6. NAME | GNASS, DAVID R | |
| 7. STREET ADDRESS | 2780 WATERFRONT PKWY E. | |
| 8. CITY, ST, ZIP | INDIANAPOLIS IN | |
| 9. TITLE | V | <input checked="" type="checkbox"/> DELETE |
| 10. NAME | NOEKER, RAYMOND H. JR. | |
| 11. STREET ADDRESS | 94 HOLMES RD | |
| 12. CITY, ST, ZIP | NEWINGTON CT | |
| 13. TITLE | V | <input checked="" type="checkbox"/> DELETE |
| 14. NAME | KOCH, CHRISTOPHER F. | |
| 15. STREET ADDRESS | 800 PRIMOS AVENUE | |
| 16. CITY, ST, ZIP | FOLCROFT PA | |
| 17. TITLE | VS | <input checked="" type="checkbox"/> DELETE |
| 18. NAME | FISHBACK, JAMES A. | |
| 19. STREET ADDRESS | 17650 NEWHOPE ST. | |
| 20. CITY, ST, ZIP | FOUNTAIN VALLEY CA | |
| 21. TITLE | VT | <input type="checkbox"/> DELETE |
| 22. NAME | SMALLEN, LAWRENCE H. | |
| 23. STREET ADDRESS | 17650 NEWHOPE ST. | |
| 24. CITY, ST, ZIP | FOUNTAIN VALLEY CA | |

| | | |
|--------------------|----------------------|--|
| 1. TITLE | CEO, D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | | |
| 3. STREET ADDRESS | 3560 Hyland Avenue | |
| 4. CITY, ST, ZIP | Costa Mesa, CA 92626 | |
| 5. TITLE | EVP, COO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6. NAME | Plochocki, Steven T. | |
| 7. STREET ADDRESS | 3560 Hyland Avenue | |
| 8. CITY, ST, ZIP | Costa Mesa, CA 92626 | |
| 9. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | | |
| 11. STREET ADDRESS | | |
| 12. CITY, ST, ZIP | | |
| 13. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | | |
| 15. STREET ADDRESS | | |
| 16. CITY, ST, ZIP | | |
| 17. TITLE | CFO, V, S, T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | | |
| 19. STREET ADDRESS | 3560 Hyland Avenue | |
| 20. CITY, ST, ZIP | Costa Mesa, CA 92626 | |

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an addition thereto with an address.

SIGNATURE: *Lawrence H. Smullen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lawrence H. Smullen, Vice President, Finance

02/15/96

(714) 427-2000

CR2E034 (12/95)