

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2000 8:00 am**  
**Secretary of State**

06-02-2000 90001 019 \*\*\*150.00

103906

DOCUMENT # P02811

1. Entity Name  
**APRIA HEALTHCARE, INC.**

Principal Place of Business <b>3560 Hyland Avenue          Costa Mesa, CA 92626</b>	Mailing Address <b>3560 Hyland Avenue          Costa Mesa, CA 92626</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>33-0057155</b>	Applied For <input type="checkbox"/>
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>C T Corporation System          1200 S. Pine Island Road          Plantation, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P/COO</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Higby, Lawrence M.</b>		NAME	
STREET ADDRESS <b>3560 Hyland Avenue</b>		STREET ADDRESS	
CITY-ST-ZIP <b>Costa Mesa, CA 92626</b>		CITY-ST-ZIP	
TITLE <b>EVP/CFO</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Maney, John C.</b>		NAME	
STREET ADDRESS <b>3560 Hyland Avenue</b>		STREET ADDRESS	
CITY-ST-ZIP <b>Costa Mesa, CA 92626</b>		CITY-ST-ZIP	
TITLE <b>SVP/S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Holcombe, Robert S.</b>		NAME	
STREET ADDRESS <b>3560 Hyland Avenue</b>		STREET ADDRESS	
CITY-ST-ZIP <b>Costa Mesa, CA 92626</b>		CITY-ST-ZIP	
TITLE <b>CEO/D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Carter, Philip L.</b>		NAME	
STREET ADDRESS <b>3560 Hyland Avenue</b>		STREET ADDRESS	
CITY-ST-ZIP <b>Costa Mesa, CA 92626</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *Robert S. Holcombe* **04/21/00** (714) 427-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Robert S. Holcombe, Sr. Vice President and Secretary**

CR2E034 (9/99)