


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90021 039 ***150.00

DOCUMENT # P02811
 1. Entity Name
APRIA HEALTHCARE, INC.



Principal Place of Business: **26220 ENTERPRISE COURT LAKE FOREST, CA 92630-8400 US**
 Mailing Address: **26220 ENTERPRISE COURT LAKE FOREST, CA 92630-8400 US**

24005762



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

4. FEI Number: **33-0057155** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEPD HIGBY, LAWRENCE M. <input type="checkbox"/> Delete 26220 ENTERPRISE COURT LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO MASTROVICH, LAWRENCE A <input type="checkbox"/> Delete 26220 ENTERPRISE COURT LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOLCOMBE, ROBERT S <input type="checkbox"/> Delete 26220 ENTERPRISE COURT LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BAKER, JAMES E <input checked="" type="checkbox"/> Delete 26220 ENTERPRISE COURT LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KHALIFA, AMIN I. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 26220 ENTERPRISE COURT LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert S. Holcombe* Jan. 29, 2004 (949) 639-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robert S. Holcombe, Ex. Vice President and Secretary** Date: _____ Daytime Phone #: _____