

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02811

FILED  
Feb 07, 2007  
Secretary of State

Entity Name: APRIA HEALTHCARE, INC.

**Current Principal Place of Business:**

26220 ENTERPRISE COURT  
LAKE FOREST, CA 926308400 US

**New Principal Place of Business:**

**Current Mailing Address:**

26220 ENTERPRISE COURT  
LAKE FOREST, CA 926308400 US

**New Mailing Address:**

FEI Number: 33-0057155      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOD ( ) Delete  
Name: HIGBY, LAWRENCE M.  
Address: 26220 ENTERPRISE COURT  
City-St-Zip: LAKE FOREST, CA 92630

Title: PCOO ( ) Delete  
Name: MASTROVICH, LAWRENCE A  
Address: 26220 ENTERPRISE COURT  
City-St-Zip: LAKE FOREST, CA 92630

Title: EVPS ( ) Delete  
Name: HOLCOMBE, ROBERT S  
Address: 26220 ENTERPRISE COURT  
City-St-Zip: LAKE FOREST, CA 92630

Title: CFO ( ) Delete  
Name: KHALIFA, AMIN I  
Address: 26220 ENTERPRISE COURT  
City-St-Zip: LAKE FOREST, CA 92630

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: KARKENNY, CHRIS A  
Address: 26220 ENTERPRISE COURT  
City-St-Zip: LAKE FOREST, CA 92630

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT S. HOLCOMBE

EVPS

02/07/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date