

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 07, 2011
Secretary of State**

DOCUMENT# P02811

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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: CEO
Name: PAYSON, MD, NORMAN C
Address: 26220 ENTERPRISE COURT
City-St-Zip: LAKE FOREST, CA 92630

Title: COO
Name: GREENLEAF, DANIEL E
Address: 26220 ENTERPRISE COURT
City-St-Zip: LAKE FOREST, CA 92630

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

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

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 S. HOLCOMBE

EVPS

09/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date