

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 03, 2012  
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: D  
Name: PAYSON, MD, NORMAN C  
Address: 26220 ENTERPRISE COURT  
City-St-Zip: LAKE FOREST, CA 92630

Title: CEO  
Name: STARCK, DANIEL J  
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, CHRISTOPHER 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

04/03/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date