

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000009165

**Entity Name:** DMEHUB LLC

**Current Principal Place of Business:**

7353 COMPANY DRIVE  
INDIANAPOLIS, IN 46237

**Current Mailing Address:**

7353 COMPANY DRIVE  
INDIANAPOLIS, IN 46237 US

**FEI Number:** 81-2958538

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title CEO, DIRECTOR  
Name STARCK, DANIEL J.  
Address 7353 COMPANY DRIVE  
City-State-Zip: INDIANAPOLIS IN 46237

Title EVP, CFO  
Name MORRIS, DEBRA L  
Address 7353 COMPANY DRIVE  
City-State-Zip: INDIANAPOLIS IN 46237

Title SVP, GC, SECRETARY  
Name BELLUCCI, DOREEN R.  
Address 7353 COMPANY DRIVE  
City-State-Zip: INDIANAPOLIS IN 46237

Title MEMBER  
Name APRIA HEALTHCARE GROUP LLC  
Address 7353 COMPANY DRIVE  
City-State-Zip: INDIANAPOLIS IN 46237

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOREEN R. BELLUCCI

SVP, GC, SECRETARY

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date