

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000003668

Entity Name: APRIA HEALTHCARE GROUP INC.**Current Principal Place of Business:**26220 ENTERPRISE COURT
LAKE FOREST, CA 92630**Current Mailing Address:**26220 ENTERPRISE COURT
LAKE FOREST, CA 92630 US**FEI Number:** 33-0488566**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**Officer/Director Detail :**

Title C
Name FIGUEROA, JOHN G
Address 26220 ENTERPRISE COURT
City-State-Zip: LAKE FOREST CA 92630

Title D
Name SIMPKINS, NEIL P
Address 26220 ENTERPRISE COURT
City-State-Zip: LAKE FOREST CA 92630

Title EVP/S
Name SMYTH, RAOUL
Address 26220 ENTERPRISE COURT
City-State-Zip: LAKE FOREST CA 92630

Title D
Name SUNSHINE, JUSTIN
Address 26220 ENTERPRISE COURT
City-State-Zip: LAKE FOREST CA 92630

Title D
Name PAYSON, NORMAN C M.D.
Address 26220 ENTERPRISE COURT
City-State-Zip: LAKE FOREST CA 92630

Title CEO/D
Name STARCK, DANIEL J
Address 26220 ENTERPRISE COURT
City-State-Zip: LAKE FOREST CA 92630

Title EVP/CFO
Name MORRIS, DEBRA L
Address 26220 ENTERPRISE COURT
City-State-Zip: LAKE FOREST CA 92630

Title D
Name ZAFIROVSKI, MIKE S
Address 26220 ENTERPRISE COURT
City-State-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: RAOUL SMYTH

EVP, SECRETARY

04/03/2017

Electronic Signature of Signing Officer/Director Detail_____
Date