

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001182

Entity Name: AMERICAN HOMEPATIENT VENTURES, INC.

Current Principal Place of Business:

5200 MARYLAND WAY
SUITE 400
BRENTWOOD, TN 37027

Current Mailing Address:

5200 MARYLAND WAY
SUITE 400
BRENTWOOD, TN 37027

FEI Number: 62-1505940

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 PRESIDENT, CEO, DIRECTOR
Name HOEFER, KRISTEN
Address 19387 U.S. HIGHWAY 19 NORTH
City-State-Zip: CLEARWATER FL 33764

Title CFO, SECRETARY, TREASURER,
DIRECTOR
Name TEUFEL, CRISPIN
Address 19387 U.S. HIGHWAY 19 NORTH
City-State-Zip: CLEARWATER FL 33764

Title COO, DIRECTOR
Name MCCARTHY, GREGORY
Address 19387 U.S. HIGHWAY 19 NORTH
City-State-Zip: CLEARWATER FL 33764

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: CRISPIN TEUFEL

**CFO, SECRETARY &
TREASURER**

02/24/2016

Electronic Signature of Signing Officer/Director Detail

Date