

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000001182

**Entity Name:** AMERICAN HOMEPATIENT VENTURES, INC.

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC9299429830**

**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 DP  
Name LAMP, MARK  
Address 5200 MARYLAND WAY, SUITE 400  
City-State-Zip: BRENTWOOD TN 37027

Title VDS  
Name CLANTON, STEPHEN L  
Address 5200 MARYAND WAY, SUITE 400  
City-State-Zip: BRENTWOOD TN 37027

Title V  
Name FRINGER, ROBERT L  
Address 5200 MARYLAND WAY, SUITE 400  
City-State-Zip: BRENTWOOD TN 37027

Title TREASURER  
Name SOWER, DAVID  
Address 5200 MARYLAND WAY  
SUITE 400  
City-State-Zip: BRENTWOOD TN 37027

Title VP  
Name BENSON, ROBERT  
Address 5200 MARYLAND WAY  
SUITE 400  
City-State-Zip: BRENTWOOD TN 37027

*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 L. FRINGER

**VICE PRESIDENT**

**01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date