

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000001182

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

**FILED**  
**Jan 15, 2013**  
**Secretary of State**  
**CC5268723956**

**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.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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 FURLONG, JOSEPH FIII  
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 DV  
Name POWERS, FRANK  
Address 5200 MARYLAND 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

*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**

**01/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date