## 2014 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F97000001182

Entity Name: AMERICAN HOMEPATIENT VENTURES, INC.

**FILED** Jul 28, 2014 **Secretary of State** CC6389349387

## **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:

DP Title Title **VDS** 

CLANTON, STEPHEN L Name LAMP, MARK Name

Address 5200 MARYLAND WAY, SUITE 400 Address 5200 MARYAND WAY, SUITE 400

City-State-Zip: BRENTWOOD TN 37027 City-State-Zip: **BRENTWOOD TN 37027** 

Title **TREASURER** Title ٧ FRINGER, ROBERT L Name SOWER, DAVID Name

5200 MARYLAND WAY Address 5200 MARYLAND WAY, SUITE 400 Address

SUITE 400 BRENTWOOD TN 37027

City-State-Zip: BRENTWOOD TN 37027 City-State-Zip:

Title VP, DIRECTOR Name FOREMAN, STEVE 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

Electronic Signature of Signing Officer/Director Detail

VICE PRESIDENT

07/28/2014