

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02811

**Entity Name:** APRIA HEALTHCARE, INC.

**Current Principal Place of Business:**

26220 ENTERPRISE COURT  
LAKE FOREST, CA 92630-8400

**Current Mailing Address:**

26220 ENTERPRISE COURT  
LAKE FOREST, CA 92630-8400 US

**FEI Number:** 33-0057155

**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           DIRECTOR, CEO  
Name           STARCK, DANIEL J  
Address        26220 ENTERPRISE COURT  
City-State-Zip: LAKE FOREST CA 92630

Title           CHIEF ACCOUNTING OFFICER,  
                  CONTROLLER, PRINCIPAL FINANCIAL  
                  OFFICER  
Name           REYNOLDS, PETER A  
Address        26220 ENTERPRISE COURT  
City-State-Zip: LAKE FOREST CA 92630

Title           EVPS  
Name           HOLCOMBE, ROBERT 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:** ROBERT S. HOLCOMBE

EVPS

01/17/2013

Electronic Signature of Signing Officer/Director Detail

Date