

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY 21 PM 2:17

DOCUMENT # F96000004301 (5)

1. Corporation Name
AMERICAN HOME PATIENT, INC. OF DELAWARE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 5200 MARYLAND WAY, SUITE 400 BRENTWOOD TN 37027-5018
Mailing Address: 5200 MARYLAND WAY, SUITE 400 BRENTWOOD TN 37027-5018

3. Date Incorporated or Qualified 07/29/1996	3a. Date of Last Report
4. FEI Number 62-1474680	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISSING, EDWARD K	1.2 NAME	900002187079--6
STREET ADDRESS	5200 MARYLAND WAY, SUITE 400	1.3 STREET ADDRESS	-05/21/97--01102--018
CITY-ST-ZIP	BRENTWOOD TN 37027-5018	1.4 CITY-ST-ZIP	*****550.00 *****550.00
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, THOMAS E	2.2 NAME	900002187079--6
STREET ADDRESS	5200 MARYLAND WAY, SUITE 400	2.3 STREET ADDRESS	-05/21/97--01102--022
CITY-ST-ZIP	BRENTWOOD TN 37027-5018	2.4 CITY-ST-ZIP	*****35.00 *****8.75
TITLE	VCFO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, MARY E	3.2 NAME	
STREET ADDRESS	5200 MARYLAND WAY, SUITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027-5018	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBER, ALLAN C	4.2 NAME	
STREET ADDRESS	2 FIRST CANADIAN PLACE, SUITE 1300	4.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO CA M5X 1E3	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLIS, MORRIS A	5.2 NAME	
STREET ADDRESS	2 FIRST CANADIAN PLACE, SUITE 1300	5.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO CA M5X 1E3	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONSHINE, EDWARD Q.C.	6.2 NAME	
STREET ADDRESS	2 FIRST CANADIAN PLACE, SUITE 1300	6.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO CA M5X 1E3	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward Q.C. Sunshine* Date: 5/19/97 615-221 8884

CR2E034 (9/96)