

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90082 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004301
 1. Corporation Name
AMERICAN HOMEPATIENT, INC. OF DELAWARE

Principal Place of Business 5200 MARYLAND WAY, SUITE 400 BRENTWOOD TN 37027-5018	Mailing Address 5200 MARYLAND WAY, SUITE 400 BRENTWOOD TN 37027-5018
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/29/1996	Applied For
4. FEI Number 62-1474680	Not Applicable
5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	WISSING, EDWARD K	
STREET ADDRESS	5200 MARYLAND WAY, SUITE 400	
CITY-ST-ZIP	BRENTWOOD TN 37027-5018	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	RODGERS, MARY E	
STREET ADDRESS	5200 MARYLAND WAY, SUITE 400	
CITY-ST-ZIP	BRENTWOOD TN 37027-5018	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILBER, ALLAN C	
STREET ADDRESS	2 FIRST CANADIAN PLACE, SUITE 1300	
CITY-ST-ZIP	TORONTO, ONTARIO CA M5X 1E3	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERLIS, MORRIS A	
STREET ADDRESS	2 FIRST CANADIAN PLACE, SUITE 1300	
CITY-ST-ZIP	TORONTO, ONTARIO CA M5X 1E3	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SONSHINE, EDWARD Q.C.	
STREET ADDRESS	2 FIRST CANADIAN PLACE, SUITE 1300	
CITY-ST-ZIP	TORONTO, ONTARIO CA M5X 1E3	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joseph F. Furlong III	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marilyn A. O'Hara	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Robert L. Furlong Date: 1-13-99 Daytime Phone #: 615-221-8884

CR2E034 (1/98)