

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

0694125

01-25-2001 90001 008 ***150.00

DOCUMENT # F96000004301
 1. Entity 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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702743



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 62-1474680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PDCE <input type="checkbox"/> Delete
NAME	FURLONG, JOSEPH F III
STREET ADDRESS	5200 MARYLAND WAY, SUITE 400
CITY-ST-ZIP	BRENTWOOD TN 37027-5018
TITLE	VCFO <input type="checkbox"/> Delete
NAME	O'HARA, MARILYN A
STREET ADDRESS	5200 MARYLAND WAY, SUITE 400
CITY-ST-ZIP	BRENTWOOD TN 37027-5018
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SILBER, ALLAN C
STREET ADDRESS	2 FIRST CANADIAN PLACE, SUITE 1300
CITY-ST-ZIP	TORONTO, ONTARIO CA M5X 1E3
TITLE	CD <input checked="" type="checkbox"/> Delete
NAME	PERLIS, MORRIS A
STREET ADDRESS	2 FIRST CANADIAN PLACE, SUITE 1300
CITY-ST-ZIP	TORONTO, CANADA CO
TITLE	D <input checked="" 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	V <input type="checkbox"/> Delete
NAME	FRINGER, ROBERT L
STREET ADDRESS	5200 MARYLAND WAY #400
CITY-ST-ZIP	BRENTWOOD TN 37027-5018

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald A. Millard
STREET ADDRESS	4205 Silver Green Pkwy,
CITY-ST-ZIP	Duluth, GA 30096
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry T. Blackstock
STREET ADDRESS	420 N. 20th St., 8th Floor
CITY-ST-ZIP	Birmingham, AL 35203
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Manner
STREET ADDRESS	1800 First American Center
CITY-ST-ZIP	Nashville, TN 37238
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert L Fringer **Robert L. Fringer 1-8-01** **615-221-8884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)