

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90155 007 \*\*\*150.00

0604140 AT

**DOCUMENT # F96000004301**  
 1. Entity Name  
**AMERICAN HOMEPAIENT, 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**



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

DO NOT WRITE IN THIS SPACE  
 4. FEI Number: **62-1474680**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$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: \_\_\_\_\_ State: **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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PDCE</b> <b>FURLONG, JOSEPH F III</b> <b>5200 MARYLAND WAY, SUITE 400</b> <b>BRENTWOOD TN 37027-5018</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO</b> <b>O'HARA, MARILYN A</b> <b>5200 MARYLAND WAY, SUITE 400</b> <b>BRENTWOOD TN 37027-5018</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLARD, DONALD R</b> <b>4205 RIVER GREEN PKWY</b> <b>DULUTH GA 30096</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLACKSTOCK, HENRY T</b> <b>420 N 20TH ST, 8TH FLOOR</b> <b>BIRMINGHAM AL 35203</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANNER, MARK</b> <b>1800 FIRST AMERICAN CENTER</b> <b>NASHVILLE TN 37238</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FRINGER, ROBERT L</b> <b>5200 MARYLAND WAY #400</b> <b>BRENTWOOD TN 37027-5018</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>315 Deaderick St., Suite 1800</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* REQUIRED** **Robert L. Fringer** **1-9-02** **615-221-8884**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E094 (9/01)