


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1474680	Applied For 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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDCE FURLONG, JOSEPH F III 5200 MARYLAND WAY, SUITE 400 BRENTWOOD, TN 370275018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO O'HARA, MARILYN A 5200 MARYLAND WAY, SUITE 400 BRENTWOOD, TN 370275018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLARD, DONALD R 4205 RIVER GREEN PKWY DULUTH, GA 30096
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACKSTOCK, HENRY T 420 N 20TH ST, 8TH FLOOR BIRMINGHAM, AL 35203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FRINGER, ROBERT L 5200 MARYLAND WAY #400 BRENTWOOD, TN 370275018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000074785
03/03/04-80034-012 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert L. Fringer Robert L. Fringer 1-13-04 615-221-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #