## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000004301

Entity Name: AMERICAN HOMEPATIENT, INC. OF DELAWARE

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
5200 MARYLAND WAY, SUITE 400 BRENTWOOD, TN 370275018				5200 MARYLAND WAY, SUITE 400 BRENTWOOD, TN 37027		
Current Mailing Address:				New Mailing Address:		
5200 MARYLAND WAY, SUITE 400 BRENTWOOD, TN 370275018				5200 MARYLAND WAY, SUITE 400 BRENTWOOD, TN 37027		
FEI Number:	62-1474680	FEI Number Applied For ( )	FEI Nun	nber Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:		Name and	Address of New Registered Agent:	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 US  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:						
Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).					Date	
				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PDCE ( ) FURLONG, JO: 5200 MARYLAI	Delete		Title: Name: Address: City-St-Zip:	PDCE (X) Change ( ) Addition FURLONG, JOSEPH F III 5200 MARYLAND WAY, STE 400 BRENTWOOD, TN 37027	
Title: Name: Address: City-St-Zip:	WAYNE, WOO	REE RD NE 807		Title: Name: Address: City-St-Zip:	D (X) Change () Addition WOODY, W W 2277 PEACHTREE RD NE 807 ATLANTA, GA 30309	
Title: Name: Address: City-St-Zip:	D ( ) MILLARD, DON 1104 PRISTINE ALPHARETTA,	E PL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) BLACKSTOCK, 2215 S THIRD JACKSONVILL	HENRY T		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FRINGER, ROE 5200 MARYLAI			Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition FRINGER, ROBERT L 5200 MARYLAND WAY, STE 400 BRENTWOOD, TN 37027	
Title: Name: Address: City-St-Zip:	SOWER, DAVI	ND WAY, STE 400		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. FRINGER VP 01/09/2009