2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# F97000001182

Entity Name: AMERICAN HOMEPATIENT VENTURES, INC.

Current Principal Place of Business:

5200 MARYLAND WAY #400
BRENTWOOD, TN 370275018

New Principal Place of Business:

Current Mailing Address:

5200 MARYLAND WAY #400
BRENTWOOD, TN 370275018

New Mailing Address:

FEI Number: 62-1505940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FURLONG, JOSEPH F III
Address: 5200 MARYLAND WAY #400
City-St-Zip: BRENTWOOD, TN 370275018

Title: VDS ( ) Delete
Name: CLANTON, STEPHEN L
Address: 5200 MARYAND WAY, SUITE 400
City-St-Zip: BRENTWOOD, TN 37027

Title: DV ( ) Delete
Name: POWERS, FRANK
Address: 5200 MARYLAND WAY, SUITE 400
City-St-Zip: BRENTWOOD, TN 37027

Title: VS ( ) Delete
Name: FRINGER, ROBERT L
Address: 5200 MARYLAND WAY #400
City-St-Zip: BRENTWOOD, TN 370275018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: FURLONG, JOSEPH F III
Address: 5200 MARYLAND WAY, SUITE 400
City-St-Zip: BRENTWOOD, TN 37027

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change ( ) Addition
Name: FRINGER, ROBERT L
Address: 5200 MARYLAND WAY, SUITE 400
City-St-Zip: BRENTWOOD, TN 37027

I hereby certify that the information supplied with this filing does not qualify for the 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 01/15/2007

Electronic Signature of Signing Officer or Director — Date