

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001182

FILED
Jan 15, 2009
Secretary of State

Entity Name: AMERICAN HOMEPATIENT VENTURES, INC.

Current Principal Place of Business:

5200 MARYLAND WAY #400
BRENTWOOD, TN 370275018

New Principal Place of Business:

5200 MARYLAND WAY #400
BRENTWOOD, TN 37027

Current Mailing Address:

5200 MARYLAND WAY #400
BRENTWOOD, TN 370275018

New Mailing Address:

5200 MARYLAND WAY #400
BRENTWOOD, TN 37027

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, SUITE 400
City-St-Zip: BRENTWOOD, TN 37027

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: V () Delete
Name: FRINGER, ROBERT L
Address: 5200 MARYLAND WAY, SUITE 400
City-St-Zip: BRENTWOOD, TN 37027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

01/15/2009

Electronic Signature of Signing Officer or Director

Date