## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000001182

Entity Name: AMERICAN HOMEPATIENT VENTURES, INC.

FILED Jan 15, 2010 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5200 MARYLAND WAY #400 5200 MARYLAND WAY BRENTWOOD, TN 37027 SUITE 400

BRENTWOOD, TN 37027

**Current Mailing Address: New Mailing Address:** 

5200 MARYLAND WAY #400 5200 MARYLAND WAY BRENTWOOD, TN 37027 SUITE 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: Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

FURLONG, JOSEPH F III Name:

5200 MARYLAND WAY, SUITE 400 Address:

City-St-Zip: BRENTWOOD, TN 37027

Title: **VDS** 

Name: CLANTON, STEPHEN L

5200 MARYAND WAY, SUITE 400 Address: City-St-Zip:

BRENTWOOD, TN 37027

Title: DV

POWERS, FRANK Name:

5200 MARYLAND WAY, SUITE 400 Address:

City-St-Zip: BRENTWOOD, TN 37027

Title:

FRINGER, ROBERT L Name:

Address: 5200 MARYLAND WAY, SUITE 400

City-St-Zip: BRENTWOOD, TN 37027

I hereby 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 all other like empowered.

SIGNATURE: ROBERT L. FRINGER V 01/15/2010