

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:45

DOCUMENT # J48262 (6)

1. Corporation Name

AMERICAN HOMEPATIENT OF FLORIDA, INC.

Principal Place of Business

105 REYNOLDS DRIVE
P.O. BOX 1675
FRANKLIN TN 37065-1675

Mailing Address

105 REYNOLDS DRIVE
P.O. BOX 1675
FRANKLIN TN 37065-1675

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/22/1986

3a. Date of Last Report

07/26/1994

4. FEI Number

58-1722308

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

110 N MAGNOLIA STREET

83

84 City

TALLAHASSEE

FL

85

Zip Code

32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WISSING, EDWARD K.
STREET ADDRESS	105 REYNOLDS DRIVE
CITY- ST- ZIP	FRANKLIN TN
TITLE	VSD
NAME	HILL, RITA
STREET ADDRESS	105 REYNOLDS DRIVE
CITY- ST- ZIP	FRANKLIN TN
TITLE	VD
NAME	MILLS, THOMAS E.
STREET ADDRESS	105 REYNOLDS DRIVE
CITY- ST- ZIP	FRANKLIN TX
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	FRANKLIN, TN 37064
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	COMBS, JOHN F.
4.3 STREET ADDRESS	105 REYNOLDS DRIVE
4.4 CITY- ST- ZIP	FRANKLIN, TN 37064
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. COMBS

Date

(615) 794-3313

(System Print #)