SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J48262** **(6)**

1. Corporation Name

AMERICAN HOMEPATIENT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
105 REYNOLDS DRIVE P.O. BOX 1675 FRANKLIN TN 37065-1675	105 REYNOLDS DRIVE P.O. BOX 1675 FRANKLIN TN 37065-1675

3. Date Incorporated or Qualified: 12/22/1986
3a. Date of Last Report: 04/13/1995

2. Principal Place of Business
21: 5200 Maryland Way
22 Suite, Apt. #, etc.: Suite 400
23 City & State: Brentwood TN
24 Zip: 37027
25 Country: USA

2a. Mailing Address
26: 5200 Maryland Way
27 Suite, Apt. #, etc.: Suite 400
28 City & State: Brentwood TN
29 Zip: 37027
30 Country: USA

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

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM
110 N. MAGNOLIA STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL
85 Zip Code

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WISSING, EDWARD K. 105 REYNOLDS DRIVE FRANKLIN TN	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition 5200 Maryland Way, Suite 400 Brentwood TN 37027
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD HILL, RITA 105 REYNOLDS DRIVE FRANKLIN TN	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition 5200 Maryland Way, Suite 400 Brentwood, TN 37027
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLS, THOMAS E. 105 REYNOLDS DRIVE FRANKLIN TN	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition 5200 Maryland Way, Suite 400 Brentwood, TN 37027
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COMBS, JOHN F 105 REYNOLDS DRIVE FRANKLIN TN	☑ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☑ Addition V Robert L. Pringer 5200 Maryland Way, Suite 400 Brentwood TN 37027
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 700001875657 -06/26/96--01013--021 ***450.00

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert L Pringer — 6/12/96 — 615-221-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #