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
Suite, Apt. #, etc.
22 Suite 400
City & State
23 Brentwood TN
Zip 24 37027 Country 25 USA

2a. Mailing Address
26 5200 Maryland Way
Suite, Apt. #, etc.
27 Suite 400
City & State
28 Brentwood TN
Zip 29 37027 Country 30 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) of registered agent and title, if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WISSING, EDWARD K.	
STREET ADDRESS	105 REYNOLDS DRIVE	
CITY-ST-ZIP	FRANKLIN TN	
TITLE	VSD	☐ DELETE
NAME	HILL, RITA	
STREET ADDRESS	105 REYNOLDS DRIVE	
CITY-ST-ZIP	FRANKLIN TN	
TITLE	VD	☐ DELETE
NAME	MILLS, THOMAS E.	
STREET ADDRESS	105 REYNOLDS DRIVE	
CITY-ST-ZIP	FRANKLIN TN	
TITLE	V	☑ DELETE
NAME	COMBS, JOHN F	
STREET ADDRESS	105 REYNOLDS DRIVE	
CITY-ST-ZIP	FRANKLIN TN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	5200 Maryland Way, Suite 400	
1.4 CITY-ST-ZIP	Brentwood TN 37027	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	5200 Maryland Way, Suite 400	
2.4 CITY-ST-ZIP	Brentwood, TN 37027	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	5200 Maryland Way, Suite 400	
3.4 CITY-ST-ZIP	Brentwood, TN 37027	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	☐ Change ☑ Addition
5.2 NAME	Robert L. Fringer	
5.3 STREET ADDRESS	5200 Maryland Way, Suite 400	
5.4 CITY-ST-ZIP	Brentwood TN 37027	
6.1 TITLE	700001875657	☐ Change ☐ Addition
6.2 NAME	-06/26/96--01013--027	
6.3 STREET ADDRESS	***450.00	
6.4 CITY-ST-ZIP		

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 Fringer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96 615-221-8884
Date Daytime Phone #