

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90043 020 ***150.00

DOCUMENT # P02811

1. Entity Name

APRIA HEALTHCARE, INC.

Principal Place of Business

**3560 HYLAND AVENUE
 COSTA MESA CA 92626
 US**

Mailing Address

**3560 HYLAND AVENUE
 COSTA MESA CA 92626
 US**

2. Principal Place of Business

26220 Enterprise Court

Suite, Apt. #, etc.

3. Mailing Address

26220 Enterprise Court

Suite, Apt. #, etc.

City & State

Lake Forest, CA

City & State

Lake Forest, CA

Zip

92630-8400

Country

USA

Zip

92630-8400

Country

USA

4. FEI Number

33-0057155

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PC** ☐ Delete
 NAME **HIGBY, LAWRENCE M.**
 STREET ADDRESS **3560 HYLAND AVENUE**
 CITY-ST-ZIP **COSTA MESA CA 92626**

TITLE **VPC** ☒ Delete
 NAME **MANEY, JOHN C**
 STREET ADDRESS **3560 HYLAND AVENUE**
 CITY-ST-ZIP **COSTA MESA CA 92626**

TITLE **VPS** ☐ Delete
 NAME **HOLCOMBE, ROBERT S**
 STREET ADDRESS **3560 HYLAND AVENUE**
 CITY-ST-ZIP **COSTA MESA CA 92626**

TITLE **CD** ☒ Delete
 NAME **CARTER, PHILIP L**
 STREET ADDRESS **3560 HYLAND AVENUE**
 CITY-ST-ZIP **COSTA MESA CA 92626**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO, P, COO, D** ☒ Change ☐ Addition
 NAME **HIGBY, LAWRENCE M.**
 STREET ADDRESS **26220 ENTERPRISE COURT**
 CITY-ST-ZIP **LAKE FOREST, CA 92630**

TITLE **CFO** ☐ Change ☒ Addition
 NAME **BAKER, JAMES E.**
 STREET ADDRESS **26220 ENTERPRISE COURT**
 CITY-ST-ZIP **LAKE FOREST, CA 92630**

TITLE **VP, S** ☒ Change ☐ Addition
 NAME **HOLCOMBE, ROBERT S.**
 STREET ADDRESS **26220 ENTERPRISE COURT**
 CITY-ST-ZIP **LAKE FOREST, CA 92630**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert S. Holcombe, Sr. Vice President and Secretary

02/26/2002

(949) 639-2000

Date

Daytime Phone #

CR2E034 (9/01)