P02811

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

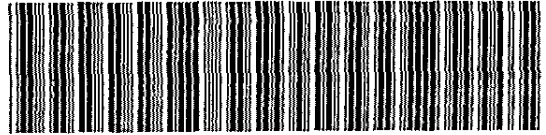☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

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05 JAN -3 PM 2:13
SECRETARY O. STATE
TALLAHASSEE FLORIDA

1/7/05
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chg.

CBA

CHARLES BACLET
AND
ASSOCIATES, INC.

CBA is an affiliate of National Registered Agents, Inc.

December 23, 2004

Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee FL 32314

RE: Apria Healthcare, Inc.

Dear Sir/Madam:

Enclosed for filing, please find the appropriate document required by your state for changing the registered agent to National Registered Agents, Inc. Also, please find a check in the amount of $35.00 to cover your filing fees.

Please process as soon as possible and return a filed stamped copy in the enclosed self-addressed stamped envelope.

If you have any questions or if I can help you in any way possible, please call.

Very truly yours,

CHARLES BACLET AND ASSOCIATES, INC.

Terry Tarwater

Enclosures

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: APRIA HEALTHCARE, INC.
_____
(Name of corporation)

DOCUMENT NUMBER: P02811 _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terry Tarwater
_____
(Name of person)

Charles Baclet and Associates, Inc.
_____
(Name of firm/company)

2030 Main Street, Suite 1030
_____
(Address)

Irvine, CA 92614
_____
(City/state and zip code)

For further information concerning this matter, please call:

Paul J. Hagan _____ at (800) 562-6439 _____
(Name of person)   (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:	**Street Address:**
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	409 E. Gaines Street
Tallahassee, FL 32314	Tallahassee, FL 32399

CR2E045(09/03)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of __Delaware__ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation:_APRIA HEALTHCARE, INC.

2. The principal office address:_26220 Enterprise Court

    Lake Forest, CA 92630-8400

3. The mailing address (if different):_Same

4. Date of incorporation/qualification: July 24, 1984 _____ Document number: P02811

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

    C T Corporation System

    1200 S. Pine Island Road

    Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

    NRAI Services, Inc.

    526 E. Park Avenue
                (P.O. Box or personal mailbox NOT acceptable)

    Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

_____
(Signature of an officer or director)

Robert S. Holcombe, Secretary
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services Inc.

by: _____
    (Signature of Registered Agent)

December 23rd, 2004
(Date)

If signing on behalf of an entity:

Paul J. Hagan
(Typed or Printed Name)

Assistant Secretary
(Capacity)

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
05 JAN -3 PH 2:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA