

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001478

**Entity Name:** ADVANCED HOMECARE MANAGEMENT, INC.

**Current Principal Place of Business:**

9001 LIBERTY PARKWAY  
BIRMINGHAM, AL 35242

**FILED**  
**Apr 25, 2019**  
**Secretary of State**  
**3096787596CC**

**Current Mailing Address:**

9001 LIBERTY PARKWAY  
BIRMINGHAM, AL 35242 US

**FEI Number: 32-0125426**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            COTHARP, DOUGLAS E.  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title            VP, DIRECTOR  
Name            JACOBSMEYER, BARBARA A.  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title            VP  
Name            MCCALLUM, ROBERT W. III  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title            VP  
Name            PRICE, ANDREW L.  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title            VP, SECRETARY, DIRECTOR  
Name            DARBY, PATRICK  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title            VP  
Name            WISNER, ROBERT M.  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title            TREASURER  
Name            FAY, EDMUND M.  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

Title            ASST. SECRETARY  
Name            MURVIN, SANDRA W.  
Address        9001 LIBERTY PARKWAY  
City-State-Zip: BIRMINGHAM AL 35242

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT W. MCCALLUM, III**

**VICE PRESIDENT**

**04/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name ANTHONY, APRIL  
Address 6688 N CENTRAL EXPRESSWAY SUITE 1300  
City-State-Zip: DALLAS TX 75206

Title VP  
Name THOMPSON, G.ROBERT  
Address 6688 N CENTRAL EXPRESSWAY  
SUITE 1300  
City-State-Zip: DALLAS TX 75206