

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000003668

**FILED**  
**Jan 29, 2021**  
**Secretary of State**  
**4046670389CC**

**Entity Name:** APRIA HEALTHCARE GROUP INC.

**Current Principal Place of Business:**

7353 COMPANY DRIVE  
INDIANAPOLIS, IN 46237

**Current Mailing Address:**

7353 COMPANY DRIVE  
INDIANAPOLIS, IN 46237 US

**FEI Number:** 33-0488566

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
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 C  
Name FIGUEROA, JOHN G  
Address 7353 COMPANY DRIVE  
City-State-Zip: INDIANAPOLIS IN 46237

Title D  
Name PAYSON, NORMAN C M.D.  
Address 7353 COMPANY DRIVE  
City-State-Zip: INDIANAPOLIS IN 46237

Title D  
Name SIMPKINS, NEIL P  
Address 7353 COMPANY DRIVE  
City-State-Zip: INDIANAPOLIS IN 46237

Title CEO/D  
Name STARCK, DANIEL J  
Address 7353 COMPANY DRIVE  
City-State-Zip: INDIANAPOLIS IN 46237

Title EVP/S  
Name SMYTH, RAOUL  
Address 7353 COMPANY DRIVE  
City-State-Zip: INDIANAPOLIS IN 46237

Title EVP/CFO  
Name MORRIS, DEBRA L  
Address 7353 COMPANY DRIVE  
City-State-Zip: INDIANAPOLIS IN 46237

Title D  
Name AUDET, MICHAEL R.  
Address 7353 COMPANY DRIVE  
City-State-Zip: INDIANAPOLIS IN 46237

Title D  
Name ZAFIROVSKI, MIKE S  
Address 7353 COMPANY DRIVE  
City-State-Zip: INDIANAPOLIS IN 46237

**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:** RAOUL SMYTH

**EVP, SECRETARY**

**01/29/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MURPHY, JOHN R.  
Address        7353 COMPANY DRIVE  
City-State-Zip: INDIANAPOLIS IN 46237

Title           DIRECTOR  
Name           SHAPIRO SNYDER, LYNN  
Address        7353 COMPANY DRIVE  
City-State-Zip: INDIANAPOLIS IN 46237