

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000004301

**Entity Name:** AMERICAN HOMEPATIENT, INC. OF DELAWARE

**Current Principal Place of Business:**

19387 US 19 NORTH  
CLEARWATER, FL 33764

**Current Mailing Address:**

P.O. BOX 9004 ATTN: TAX DEPT  
CLEARWATER, FL 33758-9004 US

**FEI Number:** 62-1474680

**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 CFO, SECRETARY, TREASURER,  
DIRECTOR, PRESIDENT  
Name TEUFEL, CRISPIN  
Address 19387 U.S. HIGHWAY 19 NORTH  
City-State-Zip: CLEARWATER FL 33764

Title COO, DIRECTOR, VP  
Name MCCARTHY, GREG G.  
Address 19387 U.S. HIGHWAY 19 NORTH  
City-State-Zip: CLEARWATER FL 33764

*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:** CRISPIN TEUFEL

PRESIDENT

03/11/2019

Electronic Signature of Signing Officer/Director Detail

Date