#### above, or on an attachment with all other like empowered. 01/20/2017 SIGNATURE: CRISPIN TEUFEL CFO, SECRETARY &

TREASURER

# 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F9600004301

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

## **Current Principal Place of Business:**

5200 MARYLAND WAY, SUITE 400 BRENTWOOD. TN 37027

# **Current Mailing Address:**

5200 MARYLAND WAY, SUITE 400 BRENTWOOD, TN 37027

#### FEI Number: 62-1474680

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

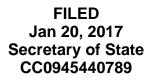
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Officer/Director Detail :			
Title	PRESIDENT, CEO, DIRECTOR	Title	CFO, SECRETARY, TREASURER, DIRECTOR
Name	HOEFER, KRISTEN	News	
Address	19387 U.S. HIGHWAY 19 NORTH	Name	TEUFEL, CRISPIN
City-State-Zip:	Zip: CLEARWATER FL 33764	Address	19387 U.S. HIGHWAY 19 NORTH
		City-State-Zip:	CLEARWATER FL 33764
Title	COO, DIRECTOR		
Name	MCCARTHY, GREGORY		
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

Electronic Signature of Signing Officer/Director Detail



Date

Certificate of Status Desired: No

Date