

1.) CORPORATION NAME: <b>American HomePatient Ventures, Inc.</b>	DUE DATE: <b>6/30/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL REGISTERED AGENTS INC          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b>	SCC ID NO: <b>F1341678</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>TN</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5200 MARYLAND WAY STE 400

CITY/ST/ZIP: BRENTWOOD, TN 37027

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK LAMP TITLE: PRESIDENT ADDRESS: 5200 MARYLAND WAY STE 400 CITY/ST/ZIP/CO: BRENTWOOD, TN 37027		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT L FRINGER TITLE: VP/ASST S ADDRESS: 5200 MARYLAND WAY STE 400 CITY/ST/ZIP/CO: BRENTWOOD, TN 37027		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN L CLANTON TITLE: SECRETARY ADDRESS: 5200 MARYLAND WAY SUITE 400 CITY/ST/ZIP/CO: BRENTWOOD, TN 37027		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT J BENSON TITLE: VICE PRESIDENT ADDRESS: 5200 MARYLAND WAY STE 400 CITY/ST/ZIP/CO: BRENTWOOD, TN 37027		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID SOWER TITLE: TREASURER ADDRESS: 5200 Maryland Way, Suite 400 CITY/ST/ZIP/CO: Brentwood, TN 37027		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ROBERT L FRINGER	ROBERT L FRINGER, VP/ASST S	5/2/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.