No. C 79362		Due no later than Aug 31, 2012		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		NATIONAL REC	NATIONAL REGISTERED AGENTS INC			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. APRIA HEALTHCARE, INC. ROBERT S. HOLCOMBE 26220 ENTERPRISE COURT LAKE FOREST CA 92630-8400		BOISE ID 83	1423 TYRELL LANE BOISE ID 83706 USA 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	ames and Busin	ess Addresses of Preside	nt, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	DENA R PAI TREASURER	RKER (EVP, CFO &	26220 ENTERPRISE COURT	LAKE FOREST	CA	USA	92630-8400	
PRESIDENT		TARCK (CEO)	26220 ENTERPRISE COURT	LAKE FOREST	CA	USA	92630-8400	
DIRECTOR	NORMAN C. CHAIRMAN 8	PAYSON, MD (EX DIR)	26220 ENTERPRISE COURT	LAKE FOREST	CA	USA	92630-8400	
SECRETARY	ROBERT S. SECRETARY)	HOLCOMBE (EVP &	26220 ENTERPRISE COURT	LAKE FOREST	CA	USA	92630-8400	
VICE PRESIDENT	CHRISTOPHER A. KARKENNY (EVP)		26220 ENTERPRISE COURT	LAKE FOREST	CA	USA	92630-8400	
5. Organized Under the Laws of: 6. Annual Report must		pe signed.*						
DE		Signature: Robert S.		Date: 06/21/2012				
C 79362		Name (type or print):		Title: Secretary				
Processed 06/21/2012		* Electronically provided	signatures are accepted as original	signatures.				