

No. C 79362		Due no later than Aug 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. APRIA HEALTHCARE, INC. ROBERT S. HOLCOMBE 26220 ENTERPRISE COURT LAKE FOREST CA 92630		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706- USA			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	NORMAN C. PAYSON, M.D. (CEO & DIRECTOR)	26220 ENTERPRISE COURT	LAKE FOREST	CA	USA	92630-8400	
PRESIDENT	LAWRENCE A. MASTROVICH (PRESIDENT & COO)	26220 ENTERPRISE COURT	LAKE FOREST	CA	USA	92630-8400	
SECRETARY	ROBERT S. HOLCOMBE (EVP & SECRETARY)	26220 ENTERPRISE COURT	LAKE FOREST	CA	USA	92630-8400	
TREASURER	MICHAEL E. POLGARDY (VP, TREASURER)	26220 ENTERPRISE COURT	LAKE FOREST	CA	USA	92630-8400	
5. Organized Under the Laws of: DE C 79362		6. Annual Report must be signed.* Signature: Robert S. Holcombe Name (type or print): Robert S. Holcombe Date: 07/01/2009 Title: Secretary					
Processed 07/01/2009		* Electronically provided signatures are accepted as original signatures.					