



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000099972

2. Name of Corporation American HomePatient, Inc.

3. Street Address Principal Business Office:

No. and Street: 5200 MARYLAND WAY, SUITE 400

City or Town: BRENTWOOD

State: TN Zip: 37027 Country: USA

4. Business Phone No.

615-221-8884

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

PROVIDE HOME HEALTH CARE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	DAVID SOWER	5200 MARYLAND WAY, SUITE 400 BRENTWOOD, TN 37027 USA
SECRETARY	STEPHEN L. CLANTON	5200 MARYLAND WAY, SUITE 400 BRENTWOOD, TN 37027 USA
VICE PRESIDENT	FRANK POWERS	5200 MARYLAND WAY, SUITE 400 BRENTWOOD, TN 37027 USA
ASSISTANT SECRETARY	ROBERT L. FRINGER	5200 MARYLAND WAY, SUITE 400 BRENTWOOD, TN 37027 USA
PRESIDENT	JOSEPH F FURLONG III	5200 MARYLAND WAY, SUITE 400 BRENTWOOD, TN 37027-5018 USA
VICE PRESIDENT	JAMES P. REICHMANN III	5200 MARYLAND WAY, SUITE 400 BRENTWOOD, TN 37027 USA
DIRECTOR	DONALD R. MILLARD	1104 PRISTINE PLACE ALPHARETTA, GA 30022 USA
DIRECTOR	W. WAYNE WOODY	2277 PEACHTREE ROAD NE, #807 ATLANTA, GA 30309 USA
DIRECTOR	WILLIAM C. ONEIL	5035 HILL PLACE DRIVE NASHVILLE, TN 37205 USA
DIRECTOR	HENRY T. BLACKSTOCK	2215 SOUTH THIRD ST., #202 JACKSONVILLE BEACH, FL 32250 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	40,000,000.00	17573000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 10 Day of February, 2009 at 11:07:34 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ROBERT L. FRINGER
Signature of Authorized Representative of the Corporation

ASSISTANT SECRETARY
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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