



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(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:** 2011

**1. Corporate ID No.** 000040405

**2. Name of Corporation** Apria Healthcare, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 26220 ENTERPRISE COURT

City or Town: LAKE FOREST

State: CA

Zip: 92630-8400

Country: USA

**4. Business Phone No.**

949-639-2000

**5. State of Incorporation**

State: DE

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

SALE AND RENTAL OF HOME MEDICAL PRODUCTS AND RELATED SERVICES

**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
SECRETARY	ROBERT S. HOLCOMBE ESQ	26220 ENTERPRISE COURT LAKE FOREST, CA 92630-8400 USA
CFO	CHRISTOPHER A. KARKENNY	26220 ENTERPRISE COURT LAKE FOREST, CA 92630-8400 USA
CEO & DIRECTOR	NORMAN C. PAYSON M.D.	26220 ENTERPRISE COURT LAKE FOREST, CA 92630 USA
CAO	JAMES G GALLAS	26220 ENTERPRISE COURT LAKE FOREST, CA 92630 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	1,000.00	1000

**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 17 Day of February, 2011 at 6:07:46 PM.** *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 S. HOLCOMBE  
Signature of Authorized Representative of the Corporation

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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