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: 2017

1. Corporate ID No. 000101718

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: TN

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 6 62

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

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
PRESIDENT	KRISTEN HOEFER	19387 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764 USA
TREASURER	CRISPIN TEUFEL	19387 U.S. HIGHWAY 19 NORTH

		CLEARWATER, FL 33764 USA
SECRETARY	CRISPIN TEUFEL	19387 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764 USA
CEO	KRISTEN HOEFER	19387 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764 USA
CFO	CRISPIN TEUFEL	19387 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764 USA
COO	GREGORY MCCARTHY	19387 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764 USA
DIRECTOR	KRISTEN HOEFER	19387 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764 USA
DIRECTOR	CRISPIN TEUFEL	19387 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764 USA
DIRECTOR	GREGORY MCCARTHY	19387 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$1.0000	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 11 Day of January, 2017 at 1:46:29 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 CRISPIN TEUFEL
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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