

438365



May 8, 2002

FLORIDA SECRETARY OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

900005506509--9 -05/13/02--01076--002 ******35.00 ******35.00

Attn: Corporate Filing Dept.

AIR LIQUIDE HEALTHCARE AMERICA

Dear Filing Officer:

Re:

Enclosed please find a Statement of Change of Registered Office/Agent for the above referenced name, which is to be filed in your office. Also enclosed is our check #3952 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact x153 at 800-345-4647.

Thank you,

M-Simmons

Myra Simmons Registered Agent Services Enclosures

RA Chg,

V SHEPARD MAY 2 0 2002

Return acknowledgment to:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: AIR LIQUIDE HEALTHCARE AMERICA
CORPORATION
2. The mailing address of the corporation is:
P. O. Box 460149, Houston, TX 77056
3. Date of incorporation/qualification: 10/18/73 Document number: 438365
4. The name and address of the current registered agent and office:
CT Corporation System 1200 S. Pine Island Road
Plantation, FL 33324
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Capitol Corporate Services, Inc.
1333 North Duval St.
Tallahassee, FL 32303
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
4/16/202
(Signature of an officer, chairman or vice chairman of the board) (Date)
JOHN D. BAIRD, SECRETARY (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Ollanie Case 5.7.02
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Delanie Case Asst. Sec. (Typed or Printed Name) (Capacity)
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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