

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 438365

FILED
Apr 21, 2004
Secretary of State

Entity Name: AIR LIQUIDE HEALTHCARE AMERICA CORPORATION

Current Principal Place of Business:

1125 N. SUMMIT ST.
CRESENT CITY, FL 32112 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 460149
HOUSTON, TX 77056 US

New Mailing Address:

FEI Number: 59-1655129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CEDP () Delete
Name: GILPIN, TERRY O PRES/DR
Address: 2700 POST OAK BLVD
City-St-Zip: HOUSTON, TX 77056

Title: V (X) Delete
Name: HALLETT, RICHARD VP
Address: 2700 POST OAK BLVD
City-St-Zip: HOUSTON, TX 77056

Title: T () Delete
Name: ALEXANDER, GREGORY B TRES
Address: 2700 POST OAK BLVD
City-St-Zip: HOUSTON, TX 77056

Title: S () Delete
Name: FEENEY, KEVIN M SEC
Address: 2700 POST OAK BLVD
City-St-Zip: HOUSTON, TX 77056

Title: D () Delete
Name: DUFOR, PIERRE DIR
Address: 2700 POST OAK BLVD
City-St-Zip: HOUSTON, TX 77056

Title: D () Delete
Name: KRAPF, SCOTT A DIR
Address: 2700 POST OAK BLVD
City-St-Zip: HOUSTON, TX 77056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY B. ALEXANDER

TREA

04/21/2004

Electronic Signature of Signing Officer or Director

Date