

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 438365

FILED  
May 07, 2008  
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.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEDP ( ) Delete  
Name: OSTROWSKI, PAUL PRES/DR  
Address: 2700 POST OAK BLVD STE 1800  
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: DUFOUR, PIERRE DIR  
Address: 2700 POST OAK BLVD  
City-St-Zip: HOUSTON, TX 77056

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

Title: AS ( ) Delete  
Name: SPINKS, HUGH A  
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 exemption stated in Chapter 119, 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: HUGH A. SPINKS

AS

05/07/2008

Electronic Signature of Signing Officer or Director

Date