

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 438365

FILED
Jan 10, 2011
Secretary of State

Entity Name: AIR LIQUIDE HEALTHCARE AMERICA CORPORATION

Current Principal Place of Business:

2700 POST OAK BLVD
SUITE 1800
HOUSTON, TX 77056

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: BOHANNON, WAYNE
Address: 2700 POST OAK BLVD STE 1800
City-St-Zip: HOUSTON, TX 77056

Title: TREA
Name: ALEXANDER, GREGORY B TREASUR
Address: 2700 POST OAK BLVD
City-St-Zip: HOUSTON, TX 77056

Title: DIRE
Name: KRAPF, SCOTT A
Address: 2700 POST OAK BLVD
City-St-Zip: HOUSTON, TX 77056

Title: DIR
Name: PETIT, OLIVIER
Address: 2700 POST OAK BLVD
City-St-Zip: HOUSTON, TX 77056

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

Title: ASEC
Name: SPINKS, HUGH A ASST SE
Address: 2700 POST OAK BLVD
City-St-Zip: HOUSTON, TX 77056

I hereby 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 all other like empowered.

SIGNATURE: SCOTT A. KRAPF

DIR

01/10/2011

Electronic Signature of Signing Officer or Director

Date