


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90022 037 ***550.00

DOCUMENT # F05000001809 1. Entity Name AIR PRODUCTS HEALTHCARE SOUTHEAST, INC.					
Principal Place of Business 1174 MONTICELLO ST., S.W. COVINGTON, GA 30014-2329			Mailing Address 1174 MONTICELLO ST., S.W. COVINGTON, GA 30014-2329		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>ATTN: TAX DEPT</i> <i>7201 Hamilton Blvd.</i> Suite, Apt. #, etc.			
City & State		City & State <i>Allentown PA</i>		4. FEI Number 58-1684482	
Zip 30014		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CUCUEL, ROBERT A <input checked="" type="checkbox"/> Delete 101 WEST ELM ST., SUITE 210 CONSHOHOCKEN, PA 19428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hunter David B 101 West Elm St., Suite 210 Conshohocken, PA 19428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO <input type="checkbox"/> Delete HUNTER, DAVID B 101 WEST ELM ST., SUITE 210 CONSHOHOCKEN, PA 19428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hunter, David B 101 West Elm St., Suite 210 Conshohocken, PA 19428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDO <input type="checkbox"/> Delete MCGINNIS, WILLIAM J 101 WEST ELM ST., SUITE 210 CONSHOHOCKEN, PA 19428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete PETRINI, KENNETH R 7201 HAMILTON BLVD. ALLENTOWN, PA 18195		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV <input type="checkbox"/> Delete RYAN, JOEY A 101 WEST ELM ST., SUITE 210 CONSHOHOCKEN, PA 19428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete FERRARA, STEPHEN S 101 WEST ELM ST., SUITE 210 CONSHOHOCKEN, PA 19428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>D.H. Green</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			D. H. Green Assistant Treasurer <i>7/14/06</i> <i>610-481-8581</i> Date Daytime Phone #		