## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000004206

Entity Name: PRAXAIR HEALTHCARE SERVICES, INC.

FILED Mar 03, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	OGEBURY RC , CT 0681051				
Current Mailing Address:			New Mailir	New Mailing Address:	
	DGEBURY RO , CT 0681051				
FEI Number:	45-0467418	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
1201 HAYS		DE COMPANY 012525 US			
The above in the State		submits this statement for the pu	rpose of changing it	s registered office or registered agent, or both,	
SIGNATUR					
		nic Signature of Registered Agen	t	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS	AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO ( RISTEVSKI, GE 39 OLD RIDGE DANBURY, CT	BURY ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPT ( ALLAN, MICHA 39 OLD RIDGE DANBURY, CT	BURY ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( BREEDLOVE, 39 OLD RIDGE DANBURY, CT	BURY ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( BRYCE, WILLI 200 SUNSET R WILLOWBROO	IDGE ROAD	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BARNHARD, JEFFREY C 200 SUNSET RIDGE ROAD WILLOWBROOK, IL 60521	
Title: Name: Address: City-St-Zip:	VP ( SAWYER, JAM 39 OLD RIDGE DANBURY, CT	BURY ROAD	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition KUBERKA, KATHLEEN A 39 OLD RIDGEBURY ROAD DANBURY, CT 068105113	
Title: Name: Address: City-St-Zip:	VP ( STEINSEIFER, 39 OLD RIDGE DANBURY, CT	BURY ROAD	Title: Name: Address: City-St-Zip:	AT (X) Change ( ) Addition SEYMOUR, S. MARK 39 OLD RIDGEBURY ROAD DANBURY, CT 068105113	

I hereby certify that the information supplied with this filing does not qualify for the 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: S. MARK SEYMOUR AT 03/03/2006