2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000004206

Entity Name: PRAXAIR HEALTHCARE SERVICES INC

FILED Dec 14, 2009 Secretary of State

LINKY NAME: FRANAIR FILALIFICARE SERVICES, INC.												
Current Pr	incipal Pla	ce of Business:		New Principal Place of Business:								
39 OLD RIDGEBURY ROAD DANBURY, CT 068105113												
Current Ma	ailing Addı	ess:		New Mailing Address:								
39 OLD RIE DANBURY,												
FEI Number:	45-0467418	FEI Number Applied Fo	or () FEI Nui	mber Not Appli	cable ()	Certificate of Statu	us Desired ()					
Name and	Address o	f Current Registered A	gent:	Name and	Name and Address of New Registered Agent:							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US												
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:												
	Electr	onic Signature of Registo	ered Agent			Date						
OFFICERS	AND DIRE	ECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:								
Title: Name: Address: City-St-Zip:		() Delete , SCOTT W GEBURY ROAD CT 068105113		Title: Name: Address: City-St-Zip:	PDCE (X KALTRIDER, S 39 OLD RIDGE DANBURY, CT	EBURY ROAD	n					
Title: Name: Address: City-St-Zip:	ALLAN, MICI 39 OLD RID	() Delete HAEL J GEBURY ROAD CT 068105113		Title: Name: Address: City-St-Zip:	() Change ()Addition	1					
Title: Name: Address: City-St-Zip:	BREEDLOVI 39 OLD RID	() Delete E, JAMES T GEBURY ROAD CT 068105113		Title: Name: Address: City-St-Zip:	() Change ()Addition	1					
Title: Name: Address: City-St-Zip:	200 SUNSE	() Delete JEFFREY C FRIDGE ROAD OOK, IL 60521		Title: Name: Address: City-St-Zip:	VPD (X BARNHARD, J 200 SUNSET F WILLOWBRO	RIDGE ROAD	n					
Title: Name: Address: City-St-Zip:		() Delete OMAS S GEBURY ROAD CT 068105113		Title: Name: Address: City-St-Zip:	VPD (X HOWES, THOM 39 OLD RIDGE DANBURY, CT	EBURY ROAD	n					
Title:	AT	() Delete		Title:	SECR (X	() Change () Addition	1					

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.

Name:

Address:

City-St-Zip:

BASSETT, ROBERT A

39 OLD RIDGEBURY ROAD

DANBURY, CT 068105113

SIGNATURE: TIMOTHT HEENAN AT 12/14/2009

HEENAN, TIMOTHY S

39 OLD RIDGEBURY ROAD

DANBURY, CT 068105113

Name:

Address:

City-St-Zip:

2038372461

12/15/2009 09:54



IPRAXAIR

F0500000 420:

Praxair, Inc. 39 Old Ridgebury Road Danbury, CT 06810 5113

To whom it may concern:

We just filed annual reports electronically for below 4 companies. Since there are limited spaces for listing all the company's offices and board members and we have more than 6 officers, I am writing this letter to add t the additional officers for each entity.

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		Document#	Entity	_	Tile		Name	
*	1.	F05000004206 Reference number	Praxair Healthcare 5 500163589755	Services, Inc	AT 39 Old R		Heenan, Timo d, Danbury, C	
		F05000004206	Praxair Healthcare S	ervices, Inc	AS 39 Old R		Pepper, Antho d. Danbury, C	
	2.	K69600 America Reference number	an Home Oxygen and H 700163570907	ospital Equipmer			Pepper, Antho d. Danbury, C	• .
	3.	P95000049133 I Reference number	Home Care Medical, Inc 500163570685	. -	AS 39 Old F		epper, Anthon d. Danbury, C	
	4,	M66436 Doctors of Reference number	choice Home Medical Ed 800163590468	quipment of Large		-	epper, Anthon d. Danbury, C	→ :
		ease contact me at : ou very much.	203-837-2643 or write m	ne emaīls_if you h	ave any quest	tions and dis	sagreements.	Thank
	Si	ncerely,		-				·
	P	Song raxair Inc.				•		
		Song@Praxair.com ffice Phone: +1 (203		~	÷	. –		