

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F05000004206

**FILED**  
**Jul 21, 2010**  
**Secretary of State**

**Entity Name:** PRAXAIR HEALTHCARE SERVICES, INC.

**Current Principal Place of Business:**

39 OLD RIDGEBURY ROAD  
DANBURY, CT 068105113

**New Principal Place of Business:**

**Current Mailing Address:**

39 OLD RIDGEBURY ROAD  
DANBURY, CT 068105113

**New Mailing Address:**

**FEI Number:** 45-0467418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PDCE  
Name: BARNHARD, JEFFREY C  
Address: 39 OLD RIDGEBURY ROAD  
City-St-Zip: DANBURY, CT 068105113

Title: VPT  
Name: ALLAN, MICHAEL J  
Address: 39 OLD RIDGEBURY ROAD  
City-St-Zip: DANBURY, CT 068105113

Title: VP  
Name: BREEDLOVE, JAMES T  
Address: 39 OLD RIDGEBURY ROAD  
City-St-Zip: DANBURY, CT 068105113

Title: VPD  
Name: HOWES, THOMAS S  
Address: 39 OLD RIDGEBURY ROAD  
City-St-Zip: DANBURY, CT 06810

Title: AT  
Name: HEENAN, TIMOTHY S  
Address: 39 OLD RIDGEBURY ROAD  
City-St-Zip: DANBURY, CT 068105113

Title: SECR  
Name: NIELSEN, MARK D  
Address: 39 OLD RIDGEBURY ROAD  
City-St-Zip: DANBURY, CT 068105113

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: TIMOTHY HEENAN

AT

07/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date