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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	;				
			 	 	 _	 _

FOREIGN PROFIT/NONPROFIT CORPORATION

Airgas Medical Services, Inc.

Certificate of Status	0		
Certified Copy	0		
Page Count	04		
Estimated Charge	\$70.00		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of a	CAL SERVICES, INC. Triporation; must include "INCORPORATE	ED," "COMPANY," "CORPORATION,"				
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")					
(If name unavaile	ible in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)				
2. DELAWARE		3. 26-2408081				
	under the law of which it is incorporated)	(FEI number, if applicable)				
4. April 14, 2008		Perputual				
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")				
6						
		ss in Florids, if prior to registration) 7.1502, F.S., to determine penalty liability)				
7. 259 N. Radi	nor-Chester Rd., Ste 100, Re	adnor, PA 19087				
	(Principal office:	(ZEerbba				
Same an abo						
	(Current mailing	address)				
Culso our	vice design and installation	on of medical gas pipeline systems.				
		r country to be carried out in state of Florida)				
	# address of Plorida registered agent: (
Name:	C T Corporation System					
Office Address:	1200 South Pine Island Road					
	Plantation	Florida 33324				
	(City)	Florida 33324 (Zip code)				
10 Bactionned		• • • • • • • • • • • • • • • • • • • •				
	iont's acceptance: ed as registered agent and to accept se	rvice of process for the above stated corporation at the place				
designuted in this	application, I hereby accept the appoi	ntment as registered agent and agree to act in this capacity. I				
jurtner agree to ci and I am fumiliar	omply with the provisions of all statute with and accept the obligations of my	s relative to the proper and complete performance of my duties, position as registered agent.				
	T Opporation System	/				
Da	MAGNAL KAKA	Sharon R. Kresz				
Ву:	(Registered agent's signan	Assistant Secretary				
•	/	-" U				

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Jeff Green Address: 3500 Bernard St., St. Louis, MO 63103 Vice Chairman: Thomas M. Smyth Address: 259 N. Radnor-Chester Rd., Ste 100, Radnor, PA 1908? Director: _ Address: _ Director: _ Address: _ B. OFFICERS President: Jeff Green Address: 3500 Bernard St., St Louis, MO 63103 Paul Plesse Vice President: Address: 259 N. Radnor-Chester Rd., Ste 100, Radnor, PA 19087 Secretary: Robert H. Young, Jr. Address: 259 N. Radnor-Chester Rd., Ste 100, Radnor, PA 19087 Treasurer: Address: _____ NOTE: If pecessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Paul Plosse, CFO

(Typed or printed name and capacity of person signing application)

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIRGAS MEDICAL SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

4532988 8300

100851144

You may verify this certificate online at corp. delaware gov/authver. whim!

AUTHENTICATION: 8187702

DATE: 08-23-10