


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90058 016 \*\*\*150.00

<b>DOCUMENT # K69600</b> 1. Entity Name <b>AMERICAN HOME OXYGEN AND HOSPITAL EQUIPMENT, INC.</b>					
Principal Place of Business <b>1057 ELLIS ROAD NORTH SUITE 17 JACKSONVILLE, FL 32254 US</b>			Mailing Address <b>2155 I-H 10 EAST BEAUMONT, TX 77701 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>Praxair, Inc.</b>  <b>39 Old Ridgebury Road</b>			
City & State Jacksonville, FL		City & State <b>Danbury, CT</b>		4. FEI Number <b>59-2935242</b>	
Zip 32254		Zip <b>06810-5113</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>CHRISTOPHER, TODD</b> <b>650 THOMAS RD.</b> <b>BEAUMONT, TX 77706</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>George P. Ristevski</b> <b>39 Old Ridgebury Rd, Danbury, CT 06810</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>CRISMAN, GENE</b> <b>970 N. 21ST STREET</b> <b>BEAUMONT, TX 77706</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>Richard L. Steinseifer</b> <b>39 Old Ridgebury Rd, Danbury, CT 06810</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSTD</b> <b>HUMPHREY, EUGENE</b> <b>2155 IH 10 EAST</b> <b>BEAUMONT, TX 77701</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSTD</b> <b>Kathleen A. Kuberka</b> <b>39 Old Ridgebury Rd, Danbury, CT 06810</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: Kathleen A. Kuberka Finance Director 3/30/05 203-837-2179</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Kathleen A. Kuberka