2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K69600

FILED Dec 14, 2009 Secretary of State

Entity Name: AMERICAN HOME OXYGEN AND HOSPITAL EQUIPMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 1057 ELLIS ROAD NORTH 1057 ELLIS ROAD NORTH SUITE 1A SUITE 17 JACKSONVILLE, FL 32254 US JACKSONVILLE, FL 32254 US **Current Mailing Address: New Mailing Address:** PRAXAIR, INC 39 OLD RÍDGEBURY ROAD DANBURY, CT 068105113 US FEI Number: 59-2935242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition KALTRIDER, SCOTT W KALTRIDER, SCOTT W Name: Name: 39 OLD RIDGEBURY RD 39 OLD RIDGEBURY RD Address: Address: City-St-Zip: DANBURY, CT 06810 City-St-Zip: DANBURY, CT 06810 Title: Title: () Delete () Change () Addition Name: BARNHARD, JEFFREY C Name: 39 OLD RIDGEBURY RD Address: Address: DANBURY, CT 06810 City-St-Zip: City-St-Zip: Title: VPD () Delete Title: () Change () Addition HOWES, THOMAS S Name: Name: 39 OLD RIDGEBURY RD Address: Address: City-St-Zip: DANBURY, CT 06810 City-St-Zip: Title: () Delete Title: () Change () Addition ALLAN, MICHAEL J Name: Name: Address: 39 OLD RIDGEBURY RD Address: City-St-Zip: DANBURY, CT 06810 City-St-Zip: Title: Title: () Delete () Change () Addition HEENAN, TIMOTHY S Name: Name: 39 OLD RIDGEBURY RD Address: Address: City-St-Zip: DANBURY, CT 06810 City-St-Zip: Title: () Delete Title: () Change () Addition BASSETT, ROBERT A Name: Name: 39 OLD RIDGEBURY RD Address: Address: City-St-Zip: City-St-Zip: DANBURY, CT

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.

SIGNATURE: TIMOTHY S. HEENAN ΑT 12/14/2009 Date



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 50	Praxair Healthcare Service 00163589755	s, <u>l</u> nc	AT 39 Old Ridgebu	Heenan, Timothy S ry Rd. Danbury, CT 06810
F05000004206	Praxair Healthcare Services	, ińc	AS 39 Old Ridgebu	Pepper, Anthony M ry Rd. Denbury, CT 06810
K69600 American Reference number 70	Home Oxygen and Hospital 00163570907	Eğulpment, In		Pepper, Anthony M ry Rd. Danbury, CT 06810
3. P95000049133 Ho Reference number 50	•	**************************************	AS 39 Old Ridgebu	Pepper, Anthony M try Rd. Danbury, CT 06810
MINUTA 4. M66436 Doctors che Reference number 80	oice Home Medical Equipme 0163590468	nt of Largo, In		Pepper, Anthony M ry Rd. Danbury, CT 06810
Please contact me at 20 you very much.	3-837-2643 or write me emai	ls if you have	any questions an	d disagreements. Thank
Sincerely,				

Di Song Praxair Inc.

Di Song@Praxair.com Office Phone: +1 (203) 8372643





Praxair, Inc. 39 Old Ridgebury Road Danbury, CT 06810-5113 K69600 12/14/09

	To	whom it may cond	em:		<i>=</i> .	•		
	the		and board men				mited spaces for li vriting this letter to	
		Document#		Entity -	_	Tile	Name	
		F05000004206 Reference number		althcare Serv	rices, Inc	ĀT 39 Old Ridgebu	Heenan, Timo ry Rd, Danbury, C	
	F	F05000004206	Praxair Hea	lthcare Servi	ces, Inc	AS 39 Old Ridgebu	Pepper, Anthory Rd. Danbury, C	
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		95000049133 Reference number	Home Care Med 500163570685			AS 39 Old Ridgebu	Pepper, Anthony ry Rd. Danbury, C	
		166436 Doctors Reference number			ment of Largo, In		Pepper, Anthony y Rd. Danbury, Cl	
		ase contact me at very much.	203-837 -2 643 o	r write me er	naīīs if you have	any questions an	d disagreements.	Thank
	Sino	cerely,						
	Dis	iong		Ç.	Agricular September 1	***************************************		1
		kair Inc. Song@Praxair.cor	n		1			
		ce Phone: +1 (203			=		**	!