2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# K69600

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

Current Principal Place of Business:

1057 ELLIS ROAD NORTH
SUITE 1A
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

PRAXAIR, INC.
39 OLD RIDGEBURY ROAD
DANBURY, CT 068105113 US

New Mailing Address:

FEI Number: 59-2935242 **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: PD
Name: BARNHARD, JEFFREY C
Address: 39 OLD RIDGEBURY RD
City-St-Zip: DANBURY, CT 06810

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

Title: T
Name: HEENAN, TIMOTHY S
Address: 39 OLD RIDGEBURY RD
City-St-Zip: DANBURY, CT 06810

Title: AT
Name: CROWE, EDWARD
Address: 39 OLD RIDGEBURY RD
City-St-Zip: DANBURY, CT 06810

Title: S
Name: NIELSEN, MARK D
Address: 39 OLD RIDGEBURY RD
City-St-Zip: DANBURY, CT

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 S HEENAN T 04/12/2012

Electronic Signature of Signing Officer or Director Date