

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003348

FILED
Apr 02, 2009
Secretary of State

Entity Name: AIR PRODUCTS HEALTHCARE SOUTHEAST, LLC

Current Principal Place of Business:

1174 MONTICELLO STREET, SW
COVINGTON, GA 300142329

New Principal Place of Business:

Current Mailing Address:

1174 MONTICELLO STREET, SW
COVINGTON, GA 300142329

New Mailing Address:

7201 HAMILTON BOULEVARD
TAX DEPARTMENT
ALLENTOWN, PA 18195 US

FEI Number: 58-1684482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HUCK, PAUL E
Address: 7201 HAMILTON BLVD.
City-St-Zip: ALLENTOWN, PA 18195

Title: MGR () Delete
Name: JONES, STEPHEN J
Address: 7201 HAMILTON BLVD.
City-St-Zip: ALLENTOWN, PA 18195

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES () Change (X) Addition
Name: BONES, GRAHAM
Address: 7201 HAMILTON BLVD.
City-St-Zip: ALLENTOWN, PA 18195 US

Title: SECR () Change (X) Addition
Name: STANLEY, JOHN D
Address: 7201 HAMILTON BLVD.
City-St-Zip: ALLENTOWN, PA 18195 US

Title: OFFI () Change (X) Addition
Name: MILLER, BARRY J
Address: 7201 HAMILTON BLVD.
City-St-Zip: ALLENTOWN, PA 18195 US

Title: TREA () Change (X) Addition
Name: REPPERT, LISA A
Address: 101 WEST ELM ST., SUITE 210
City-St-Zip: CONSHOHOCKEN, PA 19428 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BARRY J. MILLER, ASSISTANT TREASURER

AT

04/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date