2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M66643

FILED Mar 21, 2011 Secretary of State

Entity Name: DOCTORS CHOICE HOME MEDICAL EQUIPMENT OF LARGO, INC.

Current Principal Place of Business: New Principal Place of Business:

1924 BARTON PARK RD UNIT 2407

AUBURNDALE, FL 33823 US

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2870762 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:

Title: PD

Name: BARNHARD, JEFFERY
Address: 39 OLD RIDGEBURY RD
City-St-Zip: DANBURY, CT 06810

Title: AT

Name: HEENAN, TIMOTHY S 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:

Name: NIELSEN, MARK
Address: 39 OLD RIDGEBURY RD
City-St-Zip: DANBURY, CT 06810

Title: VPD

Name: BARNHARD, JEFFREY C Address: 39 OLD RIDGEBURY RD City-St-Zip: DANBURY, CT 06810

Title:

 Name:
 WHITE, MATTHEW

 Address:
 39 OLD RIDGEBURY RD.

 City-St-Zip:
 DANBURY, CT 06810

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 AT 03/21/2011