

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M66643

FILED  
Apr 12, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1924 BARTON PARK RD  
UNIT 2407  
AUBURNDALE, FL 33823 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2870762      **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, JEFFERY C  
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: VPD  
Name: HOWES, THOMAS S  
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 06810

Title: AT  
Name: CROWE, EDWARD  
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

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04/12/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date