


**FILE NOW: Fee after May 1, will be \$588.75**

|   |                                       |   |  |   |  |  |  |
|---|---------------------------------------|---|--|---|--|--|--|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1997  |                                       |    |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  | <b>FILED</b>   |  |
| <b>FILING FEE</b><br>\$ 203.75  |                                       | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee<br><b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b> |  |   |  |  |  |
| 1. Name and Mailing Address of Limited Liability Company<br><br>MEDIQ PRN/HNE, L.L.C.<br>ONE MEDIQ PLAZA<br>PENNSAUKEN NJ 08110   |                                       |   |  | <b>DOCUMENT #</b> M95000000303  |  |  |  |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.  |                                       |   |  | 1a. Principal Place of Business Address<br><i>MMS</i><br>ONE MEDIQ PLAZA<br>PENNSAUKEN NJ 08110           |  |  |  |
| 2. Principal Place of Business  |                                       | 2a. Mailing Address   |  | 3. Date Organized or Qualified  |  | 3a. State of Formation   |  |
| Suite, Apt. #, etc.   |                                       | Suite, Apt. #, etc.   |  | 10/16/1995  |  | NJ   |  |
| City & State  |                                       | City & State  |  | 4. FEI Number   |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable      |  |
| Zip   |                                       | Country   |  | 22-3351551  |  | 5. Date of Last Report   |  |
|   |                                       |   |  | 05/23/1996  |  | 6. Certificate of Status Desired<br><input type="checkbox"/> Additional Fee Required |  |
| 7. Name and Address of Current Registered Agent   |                                       |   |  | 8. Name and Address of New Registered Agent   |  |  |  |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324  |                                       |   |  | Name  |  |  |  |
|   |                                       |   |  | Street Address (P.O. Box Number is Not Acceptable)  |  |  |  |
|   |                                       |   |  | Suite, Apt. #, etc.   |  |  |  |
|   |                                       |   |  | City  |  | Zip Code   |  |
|   |                                       |   |  | <b>FL</b>   |  |  |  |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  |                                       |   |  |   |  |  |  |
| SIGNATURE _____   |                                       |   |  |   |  | DATE <u>4/14/97</u>  |  |
| <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>  |                                       |   |  |   |  |  |  |
| 10. Title   | Managing Members/Managers             | Business Street Address   |  | City, State and Zip Code  |  |  |  |
| MGRM  | MEDIQ/PRN LIFE SUPPORT                | ONE MEDIQ PLAZA   |  | PENNSAUKEN NJ   |  |  |  |
| MGRM  | HNE RENTALS, INC.<br><i>Huntheigh</i> | ONE MEDIQ PLAZA<br><i>207 Route 33E</i>   |  | <del>PENNSAUKEN NJ</del><br><i>Manlapan, N.J.</i>   |  |  |  |
|   |                                       |   |  | 200002171792--9<br>-05/08/97--01118--006<br>****203.75 ****203.75   |  |  |  |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address. |                                       |   |  |   |  |  |  |
| <b>SIGNATURE:</b> <i>[Signature]</i>  |                                       |   |  |   |  | Date <u>4/14/97</u> Daytime Phone # <u>609-665-9300</u>                              |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>  |                                       |   |  |   |  |  |  |

**MEDIQ PRN /HNE L.L.C.**  
**FEIN:22-3351551**  
**OWNERSHIP AND MANAGEMENT**

**OWNERSHIP :**

**MEMBERS**

MEDIQ/PRN LIFE SUPPORT SERVICES INC. 50.00%  
ONE MEDIQ PLAZA  
PENNSAUKEN NJ 08110

HUNTLEIGH RENTALS , INC. 50.00%  
227 ROUTE 33 E  
MANALAPAN NJ 07726

**MANAGEMENT :**

**DIRECTORS**

**ADDRESS**

|                   |                 |                     |
|-------------------|-----------------|---------------------|
| JOHN WOTTON       | ONE MEDIQ PLAZA | PENNSAUKEN NJ 08110 |
| THOMAS E. CARROLL | ONE MEDIQ PLAZA | PENNSAUKEN NJ 08110 |
| DON DUCKWITZ      | ONE MEDIQ PLAZA | PENNSAUKEN NJ 08110 |
| JAY KAPLAN        | ONE MEDIQ PLAZA | PENNSAUKEN NJ 08110 |
| JOSEPH FRANCHETTY | ONE MEDIQ PLAZA | PENNSAUKEN NJ 08110 |

**MANAGERS**

**TITLE**

|                          |              |                 |                     |
|--------------------------|--------------|-----------------|---------------------|
| JOHN WOTTON              | CHAIRMAN     | ONE MEDIQ PLAZA | PENNSAUKEN NJ 08110 |
| DON DUCKWITZ             | PRESIDENT    | ONE MEDIQ PLAZA | PENNSAUKEN NJ 08110 |
| CATHY WINGATE            | VP           | ONE MEDIQ PLAZA | PENNSAUKEN NJ 08110 |
| ANDREW E. WOOD           | VP           | ONE MEDIQ PLAZA | PENNSAUKEN NJ 08110 |
| JAY KAPLAN               | TREAS./CFO   | ONE MEDIQ PLAZA | PENNSAUKEN NJ 08110 |
| ALAN S. EINHORN          | SECRETARY    | ONE MEDIQ PLAZA | PENNSAUKEN NJ 08110 |
| J. CHRISTOPHER GIANCARLO | ASST. SECR.  | ONE MEDIQ PLAZA | PENNSAUKEN NJ 08110 |
| MARK BURROUGHS           | ASST. TREAS. | ONE MEDIQ PLAZA | PENNSAUKEN NJ 08110 |
| ROBERT F. REIDEL         | ASST. TREAS. | ONE MEDIQ PLAZA | PENNSAUKEN NJ 08110 |