
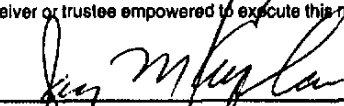


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M95000000303		FILED 97 MAY -1 AM 9:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
MEDIQ PRN/HNE, L.L.C. ONE MEDIQ PLAZA PENNSAUKEN NJ 08110		1a. Principal Place of Business Address		ONE MEDIQ PLAZA PENNSAUKEN NJ 08110	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/16/1995	
City & State		City & State		4. FEI Number	
Zip		Country		22-3351551	
				5. Date of Last Report	
				05/23/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc.			
		City			
		Zip Code			
		FL			
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>	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
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. <i>Huntheigh</i>	ONE MEDIQ PLAZA <i>207 Route 33E</i>		PENNSAUKEN NJ <i>Mannagan, N.J.</i>	
				200002171792--9 -05/08/97--01118--006 ****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) (i), 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.					
SIGNATURE: 		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	

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