2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000049133

Entity Name: HOME CARE MEDICAL, INC.

FILED Dec 14, 2009 Secretary of State

Current Principal Pl a 4400 140TH AVE N SUITE 160 CLEARWATER, FL 3	ace of Business:	New Principal Place	of Business:
SUITE 160			
		15373 ROOSEVELT I	BLVD.
OLL/MOONTHIN, I'L C	3762 US	SUITE 203 CLEARWATER, FL 3	33760 US
Current Mailing Add		New Mailing Addres	
_	1633.	New Maning Addres	
PRAXAIR, INC 39 OLD RIDGEBURY DANBURY, CT 0681(
FEI Number: 59-3321638	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address o	of Current Registered Agent:	Name and Address	of New Registered Agent:
CORPORATION SER 1201 HAYS STREET TALLAHASSEE, FL 3			
The above named ent in the State of Florida.	ity submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,
SIGNATURE:			
Elect	ronic Signature of Registered Age	nt	Date
OFFICERS AND DIR	ECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS
Title: PD	() Delete	Title:	() Change () Addition
	R, SCOTT W	Name:	
Address: 39 OLD RIE City-St-Zip: DANBURY,	GEBURY RD CT 06810	Address: City-St-Zip:	
Title: VPD	() Delete	Title:	() Change () Addition
), JEFFREY C	Name:	() Shange () / Maltion
	GEBURY RD	Address:	
City-St-Zip: DANBURY,	CT 06810	City-St-Zip:	
Title: VPD	() Delete	Title:	() Change () Addition
Name: HOWES, Th	HOMAS S	Name:	
	OGEBURY RD	Address:	
City-St-Zip: DANBURY,	CI 06810	City-St-Zip:	
Title: AT	() Delete	Title:	() Change () Addition
Name: HEENAN, T	IMOTHY S	Name:	
	OGEBURY RD	Address:	
City-St-Zip: DANBURY,	CT 06810	City-St-Zip:	
Title: T	() Delete	Title:	() Change () Addition
Name: ALLAN, MIC		Name:	
	OGEBURY RD	Address:	
City-St-Zip: DANBURY,	CT 06810	City-St-Zip:	
Title: S	() Delete	Title:	() Change () Addition
		Name:	
Name: BASSETT, I			
·	GEBURY RD	Address: City-St-Zip:	

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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY S. HEENAN AT 12/14/2009

INTERPORT OF THE PROPERTY OF

Praxair, Inc. 39 Old Ridgebury Road Danbury, CT 06810-5113

P95000049133

To whom it may concern:

We just filed annual reports electronically for below 4 companies. Since there are limited spaces for listing all the company's offices and board members and we have more than 6 officers, I am writing this letter to add t the additional officers for each entity.

Document#	Entity	2	7	Tile	Name
1. F05000004206 Reference number	Praxair Healthcare Se 500163589755	rvices, Inc		AT d Ridgebur	Heenan, Timothy S y Rd. Danbury, CT 06810
F05000004206	Praxair Healthcare Ser	vices, Inc	-	AS id Ridgebui	Pepper, Anthony M y Rd. Danbury, CT 06810
2. K69600 America Reference number	an Home Oxygen and Hos 700163570907	spital Equipmen		AS id Ridgebur	Pepper, Anthony M y Rd. Danbury, CT 06810
Reference number	fome Care Medical, Inc 500163570685	### ### <u>###</u> 	-	AS Vid Ridgebu	Pepper, Anthony M ry Rd. Danbury, CT 06810
116643 4. MS6436 Doctors of Reference number	choice Home Medical Equ 800163590468	ipment of Largo		AS Id Ridgebui	Pepper, Anthony M y Rd. Danbury, CT 06810
Please contact me at 2 you very much.	203-837-2643 or write me	emails if you ha	ave any qu	uestions an	d disagreements. Thank
Sincerely,		——————————————————————————————————————			
Di Song Praxair Inc. Di Song@Praxair.com Office Phone: +1 (203)					
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PRAXAIR

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12/15/2009 09:54

Praxair, Inc. 39 Old Ridgebury Road Danbury, CT 06810-5113

To whom it may concern:

We just filed annual reports electronically for below $\underline{\bar{4}}$ companies. Since there are limited spaces for listing all the company's offices and board members and we have more than 6 officers, I am writing this letter to add t the additional officers for each entity.

		Document#	Entity	_		Tile	Name
	1.	F05000004206 Reference number		es, Inc	39	AT Old Ridgebury	Heenan, Timothy S Rd. Danbury, CT 06810
		F05000004206	Praxair Healthcare Service	es, Inc	39	AS Old Ridgebury	Pepper, Anthony M Rd. Danbury, CT 06810
	2.	K69600 Americ Reference number	can Home Oxygen and Hospita 700163570907	al Ēguipment, Ind		AS Old Ridgebury	Pepper, Anthony M Rd. Danbury, CT 06810
*	3.	P95000049133 Reference number	Home Care Medical, Inc 500163570685	-	39		Papper, Anthony M Rd. Danbury, CT 06810
	4.	M66436 Doctors Reference number	choice Home Medical Equipm 800163590468	ent of Largo, Inc	; 39 :	AS Old Ridgebury	Pepper, Anthony M Rd. Danbury, CT 06810
		ease contact me at u very much.	203-837-2643 or write me em	alis if you have a	any	questions and	disagreements. Thank

Sincerely,

Di Song Praxair Inc.

<u>Di_Song@Praxair.com</u> Office Phone: +1 (203) 8372643