2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049133

Entity Name: HOME CARE MEDICAL, INC.

FILED Mar 18, 2010 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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15373 ROOSEVELT BLVD.

SUITE 203

CLEARWATER, FL 33760 US

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-3321638 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD

Name: KALTRIDER, SCOTT W 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: VPD

Name: HOWES, THOMAS S Address: 39 OLD RIDGEBURY RD City-St-Zip: DANBURY, CT 06810

Title: A

Name: HEENAN, TIMOTHY S Address: 39 OLD RIDGEBURY RD City-St-Zip: DANBURY, CT 06810

Title:

Name: ALLAN, MICHAHEL J Address: 39 OLD RIDGEBURY RD City-St-Zip: DANBURY, CT 06810

Title: S

Name: BASSETT, ROBERT A 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 03/18/2010