

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049133

FILED
Mar 21, 2011
Secretary of State

Entity Name: HOME CARE MEDICAL, INC.

Current Principal Place of Business:

15373 ROOSEVELT BLVD.
SUITE 203
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3321638

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

Title: T
Name: WHITE, MATTHEW J
Address: 39 OLD RIDGEBURY RD
City-St-Zip: DANBURY, CT 06810

Title: S
Name: NIELSEN, MARK
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

03/21/2011

Electronic Signature of Signing Officer or Director

Date