

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 438365

FILED
Apr 22, 2014
Secretary of State
CC0613791268

Entity Name: AIR LIQUIDE HEALTHCARE AMERICA CORPORATION

Current Principal Place of Business:

2700 POST OAK BLVD
SUITE 325 ATTN: ALMA MIRELES
HOUSTON, TX 77056

Current Mailing Address:

PO BOX 460149
ATTN: ALMA MIRELES
HOUSTON, TX 77056 US

FEI Number: 59-1655129

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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

Officer/Director Detail :

Title PRESIDENT
Name TARDIEU, CHRISTOPHE
Address 2700 POST OAK BLVD STE 325
City-State-Zip: HOUSTON TX 77056

Title TREASURER
Name MCDONALD, KATHERINE W
Address 2700 POST OAK BLVD
City-State-Zip: HOUSTON TX 77056

Title DIRECTOR
Name KRAPF, SCOTT A
Address 2700 POST OAK BLVD
 SUITE 325
City-State-Zip: HOUSTON TX 77056

Title DIRECTOR
Name COMBIER, ALAN
Address 2700 POST OAK BLVD
 SUITE 325
City-State-Zip: HOUSTON TX 77056

Title SECRETARY
Name FEENEY, KEVIN M
Address 2700 POST OAK BLVD.
 SUITE 325
City-State-Zip: HOUSTON TX 77056

Title ASST. SECRETARY
Name SPINKS, HUGH A
Address 2700 POST OAK BLVD
 SUITE 325
City-State-Zip: HOUSTON TX 77056

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: KEVIN M. FEENEY

SECRETARY

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date