

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 438365

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	SARONT-EISNER, TAMARA
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: SCOTT A KRAPF**DIRECTOR****02/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date