

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 438365

**Entity Name:** AIR LIQUIDE HEALTHCARE AMERICA CORPORATION**Current Principal Place of Business:**9811 KATY FWY.  
SUITE 100 ATTN: ALMA MIRELES TAX DEPT  
HOUSTON, TX 77024**Current Mailing Address:**9811 KATY FWY.  
SUITE 100 ATTN: ALMA MIRELES- TAX DEPT  
HOUSTON, TX 77024 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	9811 KATY FWY., SUITE 100 TAX DEPT
City-State-Zip:	HOUSTON TX 77024

Title	DIRECTOR
Name	COMBIER, ALAN
Address	9811 KATY FWY., SUITE 100 TAX DEPT
City-State-Zip:	HOUSTON TX 77024

Title	TREASURER
Name	SARONT-EISNER, TAMARA
Address	9811 KATY FWY., SUITE 100 TAX DEPT
City-State-Zip:	HOUSTON TX 77024

Title	ASST. SECRETARY
Name	SPINKS, HUGH A
Address	9811 KATY FWY., SUITE 100 TAX DEPT
City-State-Zip:	HOUSTON TX 77024

*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:** HUGH A. SPINKS**ASSISTANT SECRETARY** 03/15/2016\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date