

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211521864

1.) CORPORATION NAME:

Praxair Healthcare Services, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **9/30/2011**

SCC ID NO: **F1684465**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 39 OLD RIDGEBURY RD

CITY/ST/ZIP: DANBURY, VA 06810-5113

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JEFFREY C BARNHARD | |
| TITLE: | VICE PRESIDENT | |
| ADDRESS: | 39 OLD RIDGEBURY RD | |
| CITY/ST/ZIP/CO: | DANBURY, CT 06810- | |

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | JAMES T BREEDLOVE | |
| TITLE: | VICE PRESIDENT | |
| ADDRESS: | 39 OLD RIDGEBURY RD | |
| CITY/ST/ZIP/CO: | DANBURY, UT 06810-5113 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JEFFREY C BARNHARD | |
| TITLE: | P/CEO | |
| ADDRESS: | 39 OLD RIDGEBURY RD | |
| CITY/ST/ZIP/CO: | DANBURY, CT 06810-5113 | |

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | MATTHEW WHITE | |
| TITLE: | VP/T | |
| ADDRESS: | 39 OLD RIDGEBURY RD | |
| CITY/ST/ZIP/CO: | DANBURY, CT 06810-5113 | |

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | TIMOTHEY HEENAN | |
| TITLE: | ASST T | |
| ADDRESS: | 39 OLD RIDGEBURY ROAD | |
| CITY/ST/ZIP/CO: | DANBURY, CT 06810- | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|----------------------------------|-----------|
| /s/ TIMOTHEY HEENAN | TIMOTHEY HEENAN, ASST T | 9/21/2011 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.