

Document Number Only

F98000001406

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

400002454504--4

-03/12/98--01002--005

*****78.75 *****78.75

CORPORATION(S) NAME

W98-5486

Lincare Pharmacy Services Inc.

Profit

NonProfit

Limited Liability Co.

Foreign

Limited Partnership

Reinstatement

Certified Copy

Call When Ready

Walk In

Mail Out

Amendment

Dissolution/Withdrawal

Annual Report

Reservation

Photo Copies

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Merger

Mark

Other ucc

Change of R.A.

Fic. Name

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DIVISION OF CORPORATIONS
98 MAR 11 AM 10:31

mt
3/12

Name
Availability
Document Examiner
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Verifier
Acknowledgment
W.P. Verifier

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MAR 11 1998

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File



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 12, 1998

C T CORPORATION SYSTEM

SUBJECT: LINCARE PHARMACY SERVICES INC.
Ref. Number: W98000005486

We have received your document for LINCARE PHARMACY SERVICES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 298A00013440

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Michael -
Please backdate
to 3-11-98.
Thanks!

Tamara

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Lincare Pharmacy Services Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware
(State or country under the law of which it is incorporated)

3. 59-3493196
(FEI number, if applicable)

4. March 2, 1998
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. March 2, 1998
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 19337 U.S. 19 North, Ste 500, Clearwater, Florida 33764
(Current mailing address)

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8. To engage in any and all lawful act or activity as permitted by law.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System

Connie Bryan
(Registered agent's signature) (Officer)
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____
Address: _____

Vice Chairman: _____
Address: _____

Director: John P. Byrnes
Address: 19337 U.S. 19 North, Ste 500
Clearwater, Florida 33764

Director: Paul G. Gabos
Address: 19337 U.S. 19 North, Ste 500
Clearwater, Florida 33764

B. OFFICERS

President: John P. Byrnes
Address: 19337 U.S. 19 North, Ste 500
Clearwater, Florida 33764

Vice President: _____
Address: _____

Secretary: Paul G. Gabos
Address: 19337 U.S. 19 North, Ste 500
Clearwater, Florida 33764

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DIVISION OF CORPORATE AFFAIRS
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Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Paul G. Gabos
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Paul G. Gabos, Secretary
(Typed or printed name and capacity of person signing application)

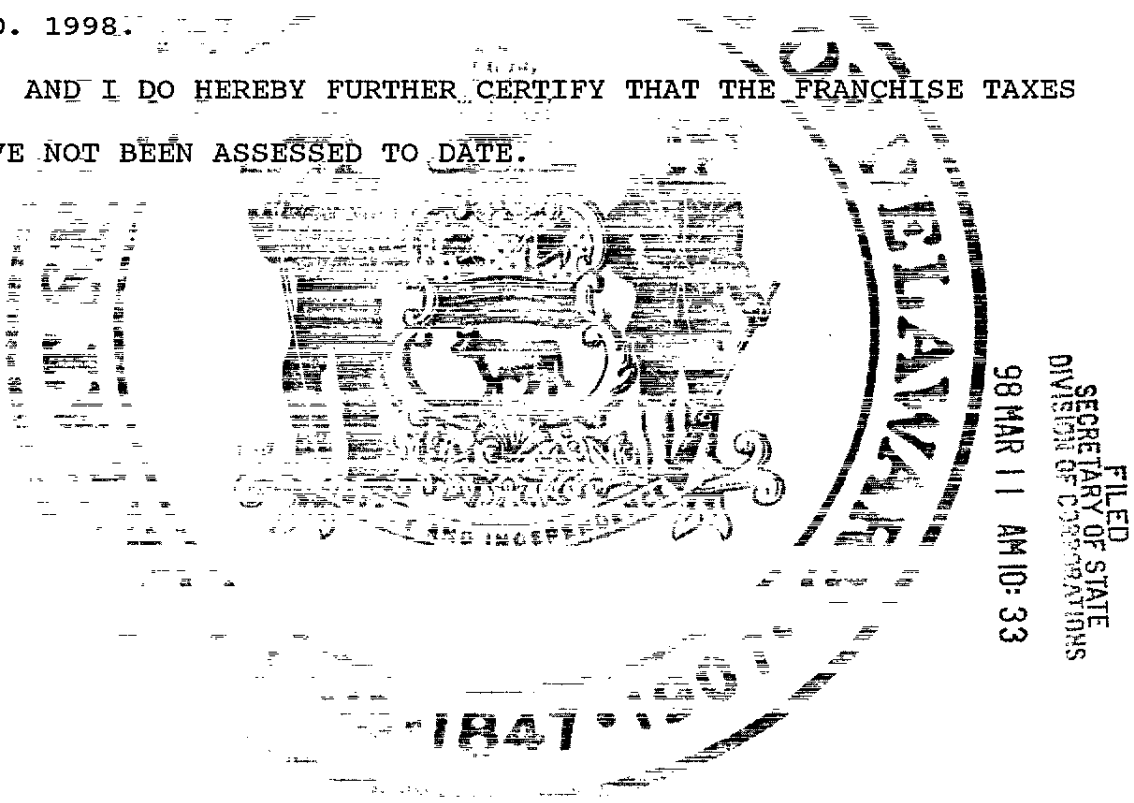
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State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINCARE PHARMACY SERVICES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF MARCH, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Edward J. Freel

Edward J. Freel, Secretary of State

2865872 8300
981091114

AUTHENTICATION:
DATE: 8962631
03-10-98