## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 06, 2002 8:00 am Secretary of State F98000001406 DOCUMENT # 1. Entity Name 03-06-2002 90033 023 \*\*\*150.00 LINCARE PHARMACY SERVICES INC. Principal Place of Business Mailing Address PO BOX 9004 19337 U.S. 19 NORTH STE 500 ប្រមស្ស ATTN: TAX DEPT CLEARWATER FL 33764 CLEARWATER FL 33758 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3493196 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PCEO** TITLE Change ☐ Addition TITI F ☐ Delete NAME BYRNES, JOHN P NAME US IAN 19387 STREET ADDRESS 19337 U.S. 19 NORTH STE 500 STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL** CITY-ST-ZIP Clearwater, FL Change ☐ Addition TITLE CF0 ☐ Delete TITLE NAME NAME GABOS, PAUL G 19387 STREET ADDRESS STREET ADDRESS 19337 U.S. 19 NORTH STE 500 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Delete -Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED