


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000001406**

1. Entity Name  
**LINCARE PHARMACY SERVICES INC.**



Principal Place of Business  
**19387 US 19 NORTH  
 CLEARWATER, FL 33764**

Mailing Address  
**PO BOX 9004  
 ATTN: TAX DEPT  
 CLEARWATER, FL 33758**



**DO NOT WRITE IN THIS SPACE**

03172005 No Chg-F CR2E034 (10/03)

4. FBI Number  
**59-3493196**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BYRNES, JOHN P 19387 US 19 NORTH CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GABOS, PAUL G 19387 US 19 NORTH CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOP SCHABEL, SHAWN S 19387 US 19 NORTH CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/26/05-80072-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Paul G. Gabos Paul G. Gabos 4/19/05 727-520-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #