

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001406

FILED
Apr 09, 2010
Secretary of State

Entity Name: LINCARE PHARMACY SERVICES INC.

Current Principal Place of Business:

19387 US 19 NORTH
CLEARWATER, FL 33764

New Principal Place of Business:

19387 US 19 NORTH
CLEARWATER, FL 33764 US

Current Mailing Address:

PO BOX 9004
ATTN: TAX DEPT
CLEARWATER, FL 33758

New Mailing Address:

PO BOX 9004
ATTN: TAX DEPT
CLEARWATER, FL 33758 US

FEI Number: 59-3493196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO
Name: GABOS, PAUL G
Address: 19387 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

Title: CFO
Name: GABOS, PAUL G
Address: 19387 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

Title: PRES
Name: GABOS, PAUL G
Address: 19387 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

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: PAUL G GABOS

CFO

04/09/2010

Electronic Signature of Signing Officer or Director

Date