

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001406

FILED
Apr 05, 2012
Secretary of State

Entity Name: LINCARE PHARMACY SERVICES INC.

Current Principal Place of Business:

19387 US 19 NORTH
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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

_____ Electronic Signature of Signing Officer or Director

PRES

04/05/2012

_____ Date