

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001754

Entity Name: LINCARE LICENSING INC.

FILED
Jun 04, 2007
Secretary of State

Current Principal Place of Business:

19387 US 19 NORTH
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9004
ATTN: TAX DEPT.
CLEARWATER, FL 33611

New Mailing Address:

P.O. BOX 9004
ATTN: TAX DEPT.
CLEARWATER, FL 33758

FEI Number: 59-3493195

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: PCEO () Delete
Name: BYRNES, JOHN P
Address: 19387 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

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

Title: COO () Delete
Name: SCHABEL, SHAWN S
Address: 19387 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL G GABOS

CFO

06/04/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date