

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001754

Entity Name: LINCARE LICENSING INC.

FILED
Apr 21, 2011
Secretary of State

Current Principal Place of Business:

19387 US 19 NORTH
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

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

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

04/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date