

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001754

Entity Name: LINCARE LICENSING INC.

FILED  
Apr 05, 2012  
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

04/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date