

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000001406

**Entity Name:** LINCARE PHARMACY SERVICES INC.

**Current Principal Place of Business:**

19387 US 19 NORTH  
CLEARWATER, FL 33764

**Current Mailing Address:**

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

**FEI Number:** 59-3493196

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title VP  
Name MCCARTHY, GREG G  
Address 19387 US 19 NORTH  
City-State-Zip: CLEARWATER FL 33764

Title PRESIDENT  
Name TEUFEL, CRISPIN  
Address 19387 US 19 NORTH  
City-State-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:** GREG G. MCCARTHY

**VICE PRESIDENT**

**03/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date