## 2014 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

FILED Apr 16, 2014

**Secretary of State** 

CC8491724344

Officer/Director Detail:

Title PRESIDENT Title SECRETARY

Name MCCARTHY, GREG G Name MOSBY, PETER

Address 19387 US 19 NORTH Address 19387 US 19 NORTH

City-State-Zip: CLEARWATER FL 33764 City-State-Zip: CLEARWATER FL 33764

Title TREASURER

Name SOMOZA, CARLOS

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 MCCARTHY PRESIDENT

Electronic Signature of Signing Officer/Director Detail

04/16/2014

Date