## 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: CRISPIN TEUFEL

Electronic Signature of Signing Officer/Director Detail

### 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

# Name and Address of Current Registered Agent:

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

Certificate of Status Desired: No

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

### Officer/Director Detail :

Title	DIRECTOR, COO	Title	CEO, PRESIDENT, SECRETARY, DIRECTOR
Name	MCCARTHY, GREG G		DIRECTOR
		Name	TEUFEL, CRISPIN
Address	19387 US 19 NORTH		
City-State-Zip:	CLEARWATER FL 33764	Address	19387 US 19 NORTH
		City State 7in	
		City-State-Zip:	CLEARWATER FL 33764

PRESIDENT

03/13/2021

# FILED Mar 13, 2021 Secretary of State 0483155234CC

Date

Date