

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90174 045 \*\*\*150.00

**DOCUMENT # F98000001754**

1. Entity Name  
**LINCARE LICENSING INC.**



Principal Place of Business  
**19387 US 19 NORTH  
CLEARWATER, FL 33764**

Mailing Address  
**P.O. BOX 9004  
ATTN: TAX DEPT.  
CLEARWATER, FL 33611**



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3493195**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCEO  
BYRNES, JOHN P  
19387 US 19 NORTH  
CLEARWATER, FL 33764**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
GABOS, PAUL G  
19387 US 19 NORTH  
CLEARWATER, FL 33764**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COO  
SCHABEL, SHAWN S  
19387 US 19 NORTH  
CLEARWATER, FL 33764**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Paul G. Gabos 4/17/06**

Date

Daytime Phone #

**727-530-7200**