

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

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CORPORATION(S) NAME		
		PA
Lincare Travel Inc.		
() Profit () Nonprofit	() Amendment	() Merger ()
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark SS 2 F
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other ¬ □ □ □ (x) Change of RA.
() Certified Copy	() Photocopies	() CUS
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up
Name Availability Document Examiner Updater	01/21/99	
VerifierAcknowledgementW.P. Verifier	, - · · · · · · · · · · · · · · · · · ·	

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Lincare Travel Inc. 1a. The name of the corporation is:-Document number_ 1b. Date of incorporation The name and address of the current registered agent and office: Corpdirect Agents, 103 North Meridian Street. Tallahassee, Florida 32301 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324 The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. John P. Byrnes, President Typed or printed name and title SIGNATURE 01/15/99 DATE HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, (HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. C T CORPORATION SYSTEM SIGNATURE BY: Carlara & Burkl BABARA A. BURKE (Registered -Agent) SPECIAL ASSISTANT SECRETARY Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00