

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000000012

FILED
Apr 25, 2011
Secretary of State

Entity Name: LINCARE PULMONARY REHAB SERVICES OF FLORIDA, P.L.

Current Principal Place of Business:

193367 US 19 NORTH
CLEARWATER, FL 33764

New Principal Place of Business:

19387 US HWY 19 N
CLEARWATER, FL 33764

Current Mailing Address:

193367 US 19 NORTH
CLEARWATER, FL 33764

New Mailing Address:

19387 US HWY 19 NORTH
CLEARWATER, FL 33764

FEI Number: 27-4529535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: LINCARE PULMONARY REHAB MANAGEMENT LLC
Address: 193367 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAUL G GABOS

MGR

04/25/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date