2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

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Entity Name: LINCARE PULMONARY REHAB MANAGEMENT, LLC

Current Principal Place of Business:

19387 US 19 NORTH
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

19387 US 19 NORTH
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 27-4529162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T 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: BYRNES, JOHN P
Address: 19387 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

Title: MGR
Name: SCHABEL, SHAWN S
Address: 19387 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

Title: MGR
Name: GABOS, PAUL G
Address: 19387 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 Statues.

SIGNATURE: PAUL G GABOS MGR 04/16/2012

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