

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011156

FILED
Jun 04, 2007
Secretary of State

Entity Name: LINCARE EMPLOYEE RELIEF FUND INC.

Current Principal Place of Business:

19387 US HIGHWAY 19 NORTH
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

POB 9004
ATTN: TAX DEPT
CLEARWATER, FL 33758

New Mailing Address:

PO B 9004
ATTN: TAX DEPT
CLEARWATER, FL 33758

FEI Number: 20-3498396 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHUETZLER, MARK
Address: 19387 US HIGHWAY 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: CRISP, DON
Address: 19387 US HIGHWAY 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: DALY, MIKE
Address: 19387 US HIGHWAY 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: SISCO, STEPHANIE
Address: 19387 US HIGHWAY 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: SHELTON, KAY
Address: 19387 US HIGHWAY 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON CRISP

D

06/04/2007

Electronic Signature of Signing Officer or Director

Date