

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 09, 2010
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:

19387 US HIGHWAY 19 NORTH
CLEARWATER, FL 33764 US

Current Mailing Address:

PO B 9004
ATTN: TAX DEPT
CLEARWATER, FL 33758

New Mailing Address:

PO BOX 9004
ATTN: TAX DEPT
CLEARWATER, FL 33758 US

FEI Number: 20-3498396

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DON CRISP

D

04/09/2010

Electronic Signature of Signing Officer or Director

Date