

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17037 (3)

1. Corporation Name

LINCARE INC.

Principal Place of Business

**19337 US 19 N
CLEARWATER FL 34624
US**

Mailing Address

**PO BOX 9004
ATTN: TAX DEPT.
CLEARWATER FL 34618-9004
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/02/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2852900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **KELLY, J.T.**
STREET ADDRESS **19337 US 19 N**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **VD**
NAME **DEUTSCH, H.R.**
STREET ADDRESS **19337 US 19 N**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **ST**
NAME **EMANUEL, J.M.**
STREET ADDRESS **19337 US 19 N**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **V**
NAME **SULLIVAN, FRANK J.**
STREET ADDRESS **61 COMMERCE DR**
CITY - ST - ZIP **BROOKFIELD CT**

TITLE **V**
NAME **KROGEN, BYRON R.**
STREET ADDRESS **19337 US 19 N**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **V**
NAME **RUTZ, C J**
STREET ADDRESS **19337 US 19 NORTH**
CITY - ST - ZIP **CLEARWATER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. EMANUEL

4/7/95

(813)530-7700

Title

Daytime Phone #