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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P17037** **(3)**

1. Corporation Name
LINCARE INC.

Principal Place of Business	Mailing Address
19337 US 19 N CLEARWATER FL 34624 US	PO BOX 9004 ATTN: TAX DEPT. CLEARWATER FL 34618-9004 US

3. Date Incorporated or Qualified: **12/02/1987**
3a. Date of Last Report: **03/20/1996**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: **59-2852900** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, J.T.		1.2 NAME	
STREET ADDRESS	19337 US 19 N		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DEUTSCH, H.R.		2.2 NAME	
STREET ADDRESS	19337 US 19 N		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	EMANUEL, J.M.		3.2 NAME	
STREET ADDRESS	19337 US 19 N		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	
TITLE	President CEO	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	John P Byrnes		4.2 NAME	
STREET ADDRESS	19337 US 19 N Suite 500		4.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater FL 34624		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: J M Emanuel (813) 530-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LINCARE INC.
19337 U.S. 19 NORTH
SUITE 500
CLEARWATER, FLORIDA 34624

TEL: 813. 530-7700
FAX: 813. 532-9692

JCAHO ACCREDITED

LINCARE

LINCARE INC.
OFFICERS
Updated 01/01/97

President & C.E.O	John P. Byrnes 19337 US 19 North, Suite 500 Clearwater, FL 34624 (813)530-7700
Chief Financial Officer	James M. Emanuel 19337 US 19 North, Suite 500 Clearwater, FL 34624 (813)530-7700
Executive Vice President	Howard R. Deutsch 19337 US 19 North, Suite 500 Clearwater, FL 34624 (813)530-7700