

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17037 (3)
1. Corporation Name
LINCARE INC.

Principal Place of Business
19337 US 19 N
CLEARWATER FL 34624-33764
US

Mailing Address
P.O. BOX 6227 9004
CLEARWATER FL 33758-6227
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 12/02/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2852900	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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
		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.

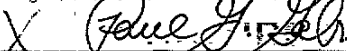
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BYRNES, JOHN P	1.2 NAME	
STREET ADDRESS	19337 US N SUITE 500	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	Chairman
STREET ADDRESS	19337 US 19 N	2.3 STREET ADDRESS	Kelly, James
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	19337 US 19 N Clearwater, FL
TITLE	ST ☒ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	EMANUEL, J.M.	3.2 NAME	Chief Financial Officer
STREET ADDRESS	19337 US 19 N	3.3 STREET ADDRESS	Gabos, Paul
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	19337 US 19 N Clearwater, FL
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

14. I 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:

 PAUL G. GABOS

1-23-98 (813)530-7700

CR2E034 (10/97)

**LINCARE INC.
OFFICERS LIST**

Chairman

James T. Kelly
19337 U.S. 19 North, Suite 500
Clearwater, Florida 34624
(813) 530-7700

CEO & President

John P. Bynes
19337 U.S. 19 North, Suite 500
Clearwater, Florida 34624
(813) 530-7700

Chief Financial Officer

Paul G. Gabos
19337 U.S. 19 North, Suite 500
Clearwater, Florida 34624
(813) 530-7700