

2020 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P17037

Entity Name: LINCARE INC.**Current Principal Place of Business:**19387 US 19 N
CLEARWATER, FL 33764**Current Mailing Address:**P O BOX 9004
ATTN: TAX DEPT.
CLEARWATER, FL 33758-9004 US**FEI Number:** 59-2852900**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	COO
Name	MCCARTHY, GREG G
Address	19387 US 19 N
City-State-Zip:	CLEARWATER FL 33764

Title	SECRETARY, PRESIDENT, CEO
Name	TEUFEL, CRISPIN
Address	19387 US 19 N
City-State-Zip:	CLEARWATER FL 33764

Title	DIRECTOR
Name	STEINSEIFER, RICHARD
Address	19387 US 19 N
City-State-Zip:	CLEARWATER FL 33764

Title	CHIEF REIMBURSEMENT OFFICER
Name	THOMPSON, STACY
Address	19387 US 19 N
City-State-Zip:	CLEARWATER FL 33764

Title	DIRECTOR
Name	CRISPIN, TEUFEL
Address	19387 US 19 N
City-State-Zip:	CLEARWATER FL 33764

Title	DIRECTOR
Name	MCCARTHY, GREG G.
Address	19387 US 19 N
City-State-Zip:	CLEARWATER FL 33764

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRISPIN TEUFEL

CEO

12/10/2020

Electronic Signature of Signing Officer/Director Detail_____
Date