

No. C 209191		Due no later than Mar 31, 2017		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. LINCARE PHARMACY SERVICES INC. GREG MCCARTHY 19387 US 19 N CLEARWATER FL 33764		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705	
				3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PRESIDENT	GREG MCCARTHY	19387 US 19 N	CLEARWATER	FL	33764
5. Organized Under the Laws of: DE C 209191		6. Annual Report must be signed.* Signature: Greg McCarthy Name (type or print): Greg McCarthy Date: 05/08/2017 Title: President			
Processed 05/08/2017		* Electronically provided signatures are accepted as original signatures.			