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| No. C 209191 | | Due no later than Mar 31, 2018 | | 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 |
| SECRETARY | CRISPIN TEUFEL | 19387 US HIGHWAY 19 N | CLEARWATER | FL | 33764 |
| 5. Organized Under the Laws of: DE C 209191 | | 6. Annual Report must be signed.* Signature: CRISPIN TEUFEL Name (type or print): CRISPIN TEUFEL Date: 02/05/2018 Title: Secretary | | | |
| Processed 02/05/2018 | | * Electronically provided signatures are accepted as original signatures. | | | |