

No. C 85211		Due no later than Nov 30, 2010 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. LINCARE INC. ATTN TAX DEPT 19387 US 19 NORTH CLEARWATER FL 33764 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
						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	
DIRECTOR	JOHN P BYRNES	19387 US 19 N	CLEARWATER	FL	USA	33764	
SECRETARY	PAUL G GABOS	19387 US 19 N	CLEARWATER	FL	USA	33764	
PRESIDENT	SHAWN S SCHABEL	19387 US 19 N	CLEARWATER	FL	USA	33764	
5. Organized Under the Laws of: DE C 85211		6. Annual Report must be signed.* Signature: Paul G Gabos Name (type or print): Paul G Gabos					
		Date: 11/03/2010 Title: Secretary					
Processed 11/03/2010 * Electronically provided signatures are accepted as original signatures.							