No. <b>C 85211</b>		Due no later than Nov 30, 2009	2. Registered Age	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			CT CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LINCARE INC ATTN TAX D 19387 US 19	1. Mailing Address: Correct in this box if needed.  LINCARE INC.  ATTN TAX DEPT  19387 US 19 NORTH  CLEARWATER FL 33764  USA		1111 W JEFFERSON STE 530 BOISE ID 83702 USA  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and	l Business Addresses o	of President, Secretary, and Directors. Treas	urer (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
SECRETARY PAUL	P BYRNES G GABOS N S SCHABEL	19387 US 19 N 19387 US 19 N 19387 US 19 N	CLEARWATER CLEARWATER CLEARWATER	FL FL FL	USA USA USA	33764 33764 33764		
5. Organized Under the Laws of: 6. Annual F		nnual Report must be signed.*						
DE	Signature: F	Signature: Paul G Gabos			Date: 10/22/2009			
C 85211	Name (type	Name (type or print): Paul G Gabos		Title: Secretary				
Processed 10/22/2009	* Electronically provided signatures are accepted as original signatures.							