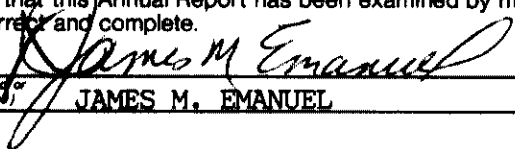
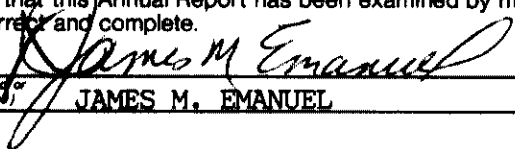
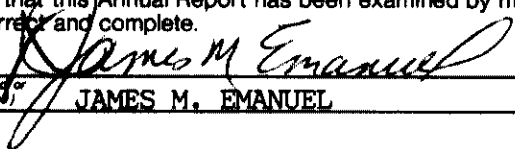


No. 85211	Idaho Corporation Annual Report Form Due No Later Than November 1, 1993		2. Registered Agent and Office NOT A P.O. BOX C T CORPORATION SYSTEM 300 NORTH 6TH STREET BOISE ID 83701																				
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address <i>(Do Not Change If Not Correct)</i> LINCARE INC. J.T. KELLY 19337 U.S. 19TH NORTH CLEARWATER FL 34624		3. Incorporated Under The Laws of DE NO: 85211																				
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																							
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td colspan="4">PLEASE SEE ATTACHED LIST</td> </tr> <tr> <td>Secretary:</td> <td colspan="4"></td> </tr> <tr> <td>Directors:</td> <td colspan="4"></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	PLEASE SEE ATTACHED LIST				Secretary:					Directors:				
<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																			
President:	PLEASE SEE ATTACHED LIST																						
Secretary:																							
Directors:																							
5. Nature of Business HOME HEALTHCARE MEDICAL SERVICES	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Signature  Name (Typed or Printed) JAMES M. EMANUEL </td> <td style="width: 50%;"> Date 10/22/93 Title SECRETARY/TREASURER </td> </tr> </table>			Signature  Name (Typed or Printed) JAMES M. EMANUEL	Date 10/22/93 Title SECRETARY/TREASURER																		
Signature  Name (Typed or Printed) JAMES M. EMANUEL	Date 10/22/93 Title SECRETARY/TREASURER																						

LINCARE INC.

DIRECTORS

CHESTER B. BLACK

63 GREAT ROAD
MAYNARD, MA 01754

FRANK T. CARY

208 HARBOR DRIVE
STAMFORD, CT 06904-2501

HOWARD R. DEUTSCH

19337 U.S. 19 NORTH
SUITE 500
CLEARWATER, FL 34624

JAMES M. EMANUEL

19337 U.S. 19 NORTH
SUITE 500
CLEARWATER, FL 34624

JAMES T. KELLY

19337 U.S. 19 NORTH
SUITE 500
CLEARWATER, FL 34624

MARTIN J. MANNION

ONE BOSTON PLACE
BOSTON, MA 02108

ANDREW M. PAUL

ONE WORLD FINANCIAL TOWER
SUITE 3601
NEW YORK, NY 10281

LINCARE INC.

OFFICERS

PRESIDENT

JAMES T. KELLY
276 SHEFFIELD CIRCLE
PALM HARBOR, FL 34683
(813) 784-7242
SS [REDACTED]

EXECUTIVE VICE-PRESIDENT

HOWARD R. DEUTSCH
3185 EDGEMOOR DRIVE
PALM HARBOR, FL 34685
(813) 785-6876
SS [REDACTED]

**CHIEF FINANCIAL OFFICER/
SECRETARY**

JAMES M. EMANUEL
2718 REDFORD COURT E.
CLEARWATER, FL 34621
(813) 786-3542
SS [REDACTED]

VICE PRESIDENT

FRANK J. SULLIVAN
9 NORTH BRANCH RD.
NEWTOWN, CT 06470
(203) 426-5712
SS [REDACTED]

VICE PRESIDENT

CHARLES J. RUTZ
2694 BRATTLE LANE
CLEARWATER, FL 34621
(813) 784-0070
SS [REDACTED]

VICE PRESIDENT

BYRON R. KROGEN
9512 121ST STREET N.
SEMINOLE, FL 34642
(813) 391-4941
SS [REDACTED]