Filing Fee: \$50.00

ID Number: 44996



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

STATEMENT OF ABANDONMENT OF **USE OF FICTITIOUS BUSINESS NAME**

2016	20
DEC	25
9	

am	ended, the undersigned business corporation, lin	nited liability company or limited partnership hereby abandoris the use siness in the state of Rhode Island and submits the following:
1.	The legal name of the applicant business corpor Lincare Inc.	ration, limited liability company, or limited partnersளி is:
2.	The fictitious business name being abandoned i	S RespraCare
3.	The date when the original fictitious business na	me statement was filed is 05/20/2004
4.	The state or territory under the laws of which it is	s incorporated, organized or formed is Delaware
5.	The date of incorporation, organization or formation is 11/03/1987	
6. If a business corporation, the address of the registered office within Rhode Island is CT Corporation System 450 Veterans Memorial Parkway, Suite 7A, East Providence, RI 02914		
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Dat	re: 12/14/2016	Lincare Inc.
		Name of Applicant Corporation, Limited Liability Company or Limited Partnership
	FILED	Signature of Authorized Officer of the Corporation
	DEC 1 9 2016	<u>or</u>
		By
	BY M 291072	<u>or</u>
	2153	By

Signature of Authorized Person for the Limited Partnership

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

