Filing Fee: \$50.00

ID Number: 44	996
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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**

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(C)
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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.	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