



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000044996

**2. Name of Corporation** LINCARE INC.

**3. Street Address Principal Business Office:**

No. and Street: 19387 US HIGHWAY 19 NORTH

City or Town: CLEARWATER

State: FL Zip: 33764 Country: USA

**4. Business Phone No.**

727-530-7700

**5. State of Incorporation**

State: DE

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

621610

**6. Brief Description of the Character of Business Conducted in Rhode Island**

RETAIL SALES OF MEDICAL OXYGEN; SALES / RENTAL OF DURABLE MEDICAL EQUIPMENT BY PRESCRIPTION

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	KRISTEN M HOEFER	19387 US HWY 19 N CLEARWATER, FL 33764 USA

CFO	CRISPIN TEUFEL	19387 US HWY 19 N CLEARWATER, FL 33764 USA
VICE PRESIDENT	GREG MCCARTHY	19387 US HWY 19 N CLEARWATER, FL 33764 USA
DIRECTOR	GREG MCCARTHY	19387 US HWY 19 N CLEARWATER, FL 33764 USA
DIRECTOR	KRISTEN M HOEFER	19387 US HWY 19 N CLEARWATER, FL 33764 USA
DIRECTOR	CRISPIN TEUFEL	19387 US HWY 19 N CLEARWATER, FL 33764 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$25,000.0000	1,000.00	500
PWP		\$1.0000	1,000.00	0

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 8 Day of February, 2017 at 3:44:32 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By GREG MCCARTHY  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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