STATE OF RHODE ISLAND AS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
44996	Lincare inc.			
3. Street Address Principal Business Office: 19387 US 19 North	City: Clearwater	State: FL	Zip: 33764	
4. Business Phone No: 727-530-7700	5. State of Incorporation: DELAWARE		6. SIC Code: 9386	

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL SALES OF MEDICAL OXYGEN; RENTAL OF DURABLE MEDICAL EQUIPMENT

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Shawn S. Schabel	19387 US 19 North	Clearwater	FL	33764

Vice President Name	Street Address	City	State	Zip
n/a				

Secretary Name	Street Address	City	State	Zip
Paul G. Gabos	19387 US 19 North	Clearwater	FL	33764

Treasurer Name	Street Address	City	State	Zip
—				

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
John P. Byrnes	19387 US 19 North	Clearwater	FL	33764
Chester B. Black	19387 US 19 North	Clearwater	FL	33764

Director Name	Street Address	City	State	Zip
Frank T. Cary	19387 US 19 North	Clearwater	FL	33764
Frank D. Byrne, MD	19387 US 19 North	Clearwater	FL	33764

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
1,000 COMM $25,000 PAR VALUE, 1,000 PREF $1.00 PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
500	Common	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

44996

File Date 2.28.05

Check No. 124816085

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Paul G. Gabos 2/23/05
Signature of Officer *Date*

Paul G. Gabos
Print or Type Name of Officer

CFO/Secretary
Title of Officer

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No	2. Name of Corporation			
44996	Lincare Inc.			
3. Street Address Principal Business Office: 19387 US 19 North		City: Clearwater	State: FL	Zip: 33764
4. Business Phone No.: 727-530-7700	5. State of Incorporation: DELAWARE			6. SIC Code: 9886

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL SALES OF MEDICAL OXYGEN; RENTAL OF DURABLE MEDICAL EQUIPMENT by prescription

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Shawn S. Schabel	19387 US 19 North	Clearwater	FL	33764

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Paul G. Gabos	19387 US 19 North	Clearwater	FL	33764

Treasurer Name	Street Address	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
John P. Byrnes	19387 US 19 North	Clearwater	FL	33764
Chester B. Black	19387 US 19 North	Clearwater	FL	33764

Director Name	Street Address	City	State	Zip
Frank T. Cary	19387 US 19 North	Clearwater	FL	33764
Frank D. Byrne, MD	19387 US 19 North	Clearwater	FL	33764

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
1,000 COMM $25,000 PAR VALUE, 1,000 PREF $1.00 PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
500	Common	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

44996

JAN 15 RECD
Lincare tax Dept

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer — Date: 02/25/04

Paul G. Gabos
Print or Type Name of Officer

CFO
Title of Officer

FOR SECRETARY OF STATE USE ONLY	
File Date	3/5/04
Check No.	12126980
By:	SE

Form 630 Rev. 12/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary
Corporations D
100 North Main Street, Providence, RI 02903
401-222-

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 44996
2. Name of Corporation: Lincare Inc.
3. Street Address Principal Business Office: 19387 US 19 North — City: Clearwater — State: Florida — Zip: 33764
4. Business Phone No.: 727-530-7700
5. State of Incorporation: DELAWARE
6. SIC Code: 9886
7. Brief Description of the Character of Business Conducted in Rhode Island: Retail Sales of Medical Oxygen and Sales/Rental of Durable Medical equipment

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: John P. Byrnes
Street Address: 19387 US 19 North
City: Clearwater — State: Florida — Zip: 33764

Secretary Name: Paul G. Gabos
Street Address: 19387 US 19 North
City: Clearwater — State: Florida — Zip: 33764

Vice President Name: None
Street Address:
City — State — Zip:

Treasurer Name:
Street Address:
City — State — Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: John P. Byrnes
Street Address: 19387 US 19 North
City: Clearwater — State: Florida — Zip: 33764

Director Name: Chester B. Black
Street Address: 10 Linn Lane
City: Wayland — State: MA — Zip: 01778

Director Name: Franklin T. Cary
Street Address: One Stamford Plaza 263 Tresser Blvd, 9th FL
City: Stamford — State: CT — Zip: 06901

Director Name: Frank D. Byrne, M.D.
Street Address: Parkview Hospital 2200 Randallia Drive
City: Ft. Wayne — State: IN — Zip: 46805

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM $25,000 PAR VALUE, 1,000 PREF $1.00 PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	Common	1.00

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 4 4 9 9 6 *

File Date: 2/24/03

Check No.: 1177079

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer — Date: 2/14/03

Paul G. Gabos
Print or Type Name of Officer

CFO
Title of Officer

Form 630 12/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 44996
2. Name of Corporation: Lincare Inc.
3. Street Address Principal Business Office: 19387 US 19 North — City: Clearwater — State: FL — Zip: 33764
4. Business Phone No.: 727-530-7700
5. State of Incorporation: DELAWARE
6. SIC Code: 9886
7. Brief Description of the Character of Business Conducted in Rhode Island: Retail Sale of Medical Oxygen and Rental of Durable Medical Equipment

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: John P. Byrnes
Street Address: 19387 US 19 N., Clearwater, FL 33764
City: Clearwater — State: FL — Zip: 33764

Vice President Name:
Street Address:
City — State — Zip:

Secretary Name: Paul G. Gabos
Street Address: 19387 US 19 North
City: Clearwater — State: FL — Zip: 33764

Treasurer Name:
Street Address:
City — State — Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☒ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: John P. Byrnes
Street Address: 19387 US 19 North
City: Clearwater — State: FL — Zip: 33764

Director Name: Frank T. Cary
Street Address: 263 Tresser Blvd., 9th floor
City: Stamford — State: CT — Zip: 06901

Director Name: Chester Black
Street Address: 10 Linn Lane
City: Wayland — State: MA — Zip: 01778

Director Name: Frank D. Byrne, MD
Street Address: 2200 Randallia Drive
City: Ft. Wayne — State: IN — Zip: 46805

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000 SHARES		
1000	Common	1.0
1000	Preferred	25,000.00

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	Common	1.0

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] *44996*

File Date: 3/18/02

Check No.: 11467091

By: TB

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Paul G. Gabos — 2/8/02
Signature of Officer — *Date*

Paul G. Gabos
Print or Type Name of Officer

CFO | Sec.
Title of Officer

LINCARE HOLDINGS INC.
DIRECTORS LIST
(current as of January 31, 2002)

John P. Byrnes	19387 U.S. 19 North Clearwater, FL 33764
Chester B. Black	10 Linn Lane Wayland, MA 01778
Frank T. Cary	One Stamford Plaza 263 Tresser Blvd., 9th Floor Stamford, CT 06901
Frank D. Byrne, M.D.	Parkview Hospital 2200 Randallia Drive Ft. Wayne, IN 46805
William F. Miller, III	2100 McKinney Ave. Suite 1801 Dallas, TX 75201
Stuart H. Altman, Ph.D.	415 S. Street Mail Stop 035 Waltham, MA 02454-9110

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 44996
2. Name of Corporation Lincare Inc.

3. Street Address Principal Business Office: 19337 US 19 North, Suite 500 | City: Clearwater | State: Florida | Zip: 33764

4. Business Phone No.: 727-530-7700
5. State of Incorporation: DELAWARE
6. 9886

7. Brief Description of the Character of Business Conducted in Rhode Island
Retail Sale Medical Oxygen and Rental of Durable Medical Equipment

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: John P. Byrnes
Street Address: 19337 US 19 N., Suite 500
City: Clearwater | State: FL | Zip: 33764

Vice President Name:
Street Address:
City | State | Zip

Secretary Name: Paul G. Gabos
Street Address: 19337 US 19 N., Suite 500
City: Clearwater | State: FL | Zip: 33764

Treasurer Name:
Street Address:
City | State | Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: John P. Byrnes
Street Address: 19337 US 19 N., Suite 500
City: Clearwater | State: FL | Zip: 33764

Director Name: Paul G. Gabos
Street Address: 19337 US 19 N., Suite 500
City: Clearwater | State: FL | Zip: 33764

Director Name:
Street Address:
City | State | Zip

Director Name:
Street Address:
City | State | Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	Common	25,000.00
1000	Preferred	1.00

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	Common	1.00

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

44996

File Date: 2/26

Check No.: 1/222214

By: Dr

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Paul G. Gabos Date: 2/20/01

Paul G. Gabos
Print or Type Name of Officer

CFO
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ~~2000~~

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
44996	Lincare Inc.

3. Street Address Principal Business Office	City	State	Zip
19337 U.S. 19 North, Suite 500	Clearwater	Florida	33764

4. Business Phone No.	5. State of Incorporation	6. SIC Code
727-530-7700	DELAWARE	9886

7. Brief Description of the Character of Business Conducted in Rhode Island

Retail Sale of Medical Oxygen; Rental of Durable Medical Equipment

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
John P. Byrnes - CEO & President	James T. Kelly - Chairman
Street Address	Street Address
19337 U.S. 19 North, Suite 500	19337 U.S. 19 North, Suite 500
City / State / Zip	City / State / Zip
Clearwater / FL / 33764	Clearwater / FL / 33764
Secretary Name	Treasurer Name
Paul G. Gabos - CFO & Secretary	
Street Address	Street Address
19337 U.S. 19 North, Suite 500	
City / State / Zip	City / State / Zip
Clearwater / FL / 33764	

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Chester B. Black	Frank T. Cary
Street Address	Street Address
10 Linn Lane	1055 Washington Blvd, Suite 10B
City / State / Zip	City / State / Zip
Wayland / MA / 01778	Stamford / CT / 06901
Director Name	Director Name
John P. Byrnes	James T. Kelly
Street Address	Street Address
19337 U.S. 19 North, Suite 500	19337 U.S. 19 North, Suite 500
City / State / Zip	City / State / Zip
Clearwater / FL / 33764	Clearwater / FL / 33764

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	Common	25,000.00
1000	Preferred	1.00

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	Common	1.00

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] *44996*

File Date: 2-10-00

Check No.: 10987811

By: AMF

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Paul G. Gabos 1/25/00
Signature of Officer *Date*

Paul G. Gabos
Print or Type Name of Officer

Chief Financial Officer
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

JAN 20 1999

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ~~1999~~

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 44996

2. Name of Corporation Lincare Inc.

3. Street Address Principal Business Office
19337 U.S. 19 North Suite 500

City Clearwater *State* Florida *Zip* 33764

4. Business Phone No. 727-530-7700

5. State of Incorporation DELAWARE

6. SIC Code 9886

7. Brief Description of the Character of Business Conducted in Rhode Island
Retail Medical Oxygen Sale; Rental of Durable Medical Equipment

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name
John P. Byrnes - CEO & President
Street Address
19337 U.S. 19 North Suite 500
City Clearwater *State* Florida *Zip* 33764

Vice President Name
James T. Kelly - Chairman
Street Address
19337 U.S. 19 North Suite 500
City Clearwater *State* Florida *Zip* 33764

Secretary Name
Paul G. Gabos - Chief Financial Officer / Secretary
Street Address
19337 U.S. 19 North Suite 500
City Clearwater *State* Florida *Zip* 33764

Treasurer Name
Street Address
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Chester B. Black
Street Address
10 Linn Lane
City Wayland *State* MA *Zip* 01778

Director Name
Frank T. Cary
Street Address
1055 Washington Blvd Suite 10B
City Stamford *State* CT *Zip* 06901

Director Name
John Byrnes
Street Address
19337 U.S. 19 North Suite 500
City Clearwater *State* FL *Zip* 33764

Director Name
James T. Kelly
Street Address
19337 U.S. 19 North Suite 500
City Clearwater *State* FL *Zip* 33764

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1000	Common	25,000.00
1000	Preferred	1.00

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
500	Common	1.00

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

* 4 4 9 9 6 *

File Date: JAN 29 99

Check No.: 10809047

By: SD

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X Paul G. Gabos 2/19/99
Signature of Officer *Date*

Paul G. Gabos
Print or Type Name of Officer

Chief Financial Officer
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

JAN 21 1998

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 44996
2. Name of Corporation: Lincare Inc.
3. Street Address Principal Business Office: 19337 US 19 North #500
   City: Clearwater State: Florida Zip: 33764
4. Business Phone No.: (813) 530-7700
5. State of Incorporation: DELAWARE
6. SIC Code: 9886
7. Brief Description of the Character of Business Conducted in Rhode Island: Retail Medical Oxygen - Sale/Rental of Durable Medical Equipment

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name: John P. Byrnes - CEO & President
Street Address: 19337 U.S. 19 North Suite 500
City: Clearwater State: Florida Zip: 33764

Vice President Name: James T. Kelly - Chairman
Street Address: 19337 U.S. 19 North Suite 500
City: Clearwater State: Florida Zip: 33764

Secretary Name: Paul G. Gabos - Chief Financial Officer / Secretary
Street Address: 19337 U.S. 19 North Suite 500
City: Clearwater State: Florida Zip: 33764

Treasurer Name:
Street Address:
City: State: Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name: Chester B. Black
Street Address: 10 Linn Lane
City: Wayland State: MA Zip: 01778

Director Name: Frank T. Cary
Street Address: 1055 Washington Blvd. Suite 10B
City: Stamford State: CT Zip: 06901

Director Name: John Byrnes
Street Address: 19337 U.S. 19 North Suite 500
City: Clearwater State: Florida Zip: 33764

Director Name: James T. Kelly
Street Address: 19337 U.S. 19 North Suite 500
City: Clearwater State: Florida Zip: 33764

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	Common	25,000.00
1000	Preferred	1.00

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	Common	1.00

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

* 4 4 9 9 6 *

File Date: 2.17.98
Check No.: 10627897
By: LP
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Paul G. Gabos — 1/27/98
Signature of Officer *Date*

PAUL G. GABOS
Print or Type Name of Officer

CFO / Secretary
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

JAN 20 [illegible]

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: **44996**
2. Name of Corporation: **Lincare Inc.**
3. Street Address Principal Business Office: 19337 US 19 North — City: Clearwater — State: FL — Zip: 34624
4. Business Phone No.: (813)530-7700
5. State of Incorporation: **DELAWARE**
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: SALE OF MEDICAL OXYGEN, SALE/RENTAL OF DURABLE MEDICAL EQUIPMENT

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* X

President Name: JOHN P. BYRNES
Street Address: 19337 US 19 N #500
City: CLEARWATER — State: FL — Zip: 34624

Vice President Name: HOWARD R DEUTSCH
Street Address: 19337 US 19 N #500
City: CLEARWATER — State: FL — Zip: 34624

Secretary Name: JAMES M EMANUEL
Street Address: 19337 US 19 N #500
City: CLEARWATER — State: FL — Zip: 34624

Treasurer Name: JAMES M. EMANUEL
Street Address: 19337 US 19 N #500
City: CLEARWATER — State: FL — Zip: 34624

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* X

Director Name: CHESTER B. BLACK
Street Address: 63 GREAT RD
City: MAYNARD — State: MA — Zip: 01754

Director Name: HOWARD R. DEUTSCH
Street Address: 19337 US 19 N #500
City: CLEARWATER — State: FL — Zip: 34624

Director Name: FRANK T. CARY
Street Address: 208 HARBOR DR
City: STAMFORD — State: CT — Zip: 06904

Director Name: JAMES M. EMANUEL
Street Address: 19337 US 19 N
City: CLEARWATER — State: FL — Zip: 34624

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000	COMMON	25,000.00	500	COMMON	1.00
1,000	PREFERRED	1.00			

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] *44996*

File Date: 3.21.97
Check No.: 1048609384
By: ICP
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[signature] 3-5-97
Signature of Officer *Date*

J M EMANUEL
Print or Type Name of Officer

[redacted] SEC'Y/TREAS
Title of Officer

LINCARE INC.
19337 U.S. 19 NORTH
SUITE 500
CLEARWATER, FLORIDA 34624

TEL: 813. 530-7700
FAX: 813. 532-9692

JCAHO ACCREDITED

LINCARE

LINCARE INC.
OFFICERS
Updated 01/01/97

President & C.E.O	John P. Byrnes 19337 US 19 North, Suite 500 Clearwater, FL 34624 (813)530-7700
Chief Financial Officer	James M. Emanuel 19337 US 19 North, Suite 500 Clearwater, FL 34624 (813)530-7700
Executive Vice President	Howard R. Deutsch 19337 US 19 North, Suite 500 Clearwater, FL 34624 (813)530-7700

LINCARE INC.

DIRECTORS

NAME	ADDRESS	IN OFFICE AS OF
CHESTER B. BLACK	63 GREAT ROAD MAYNARD, MA 01754	01/91
FRANK T. CARY	208 HARBOR DRIVE STAMFORD, CT 06904-2501	07/91
HOWARD R. DEUTSCH	19337 U.S. 19 NORTH SUITE 500 CLEARWATER, FL 34624	11/90
JAMES M. EMANUEL	19337 U.S. 19 NORTH SUITE 500 CLEARWATER, FL 34624	11/90
JAMES T. KELLY	19337 U.S. 19 NORTH SUITE 500 CLEARWATER, FL 34624	11/90
THOMAS O. PYLE	THE BOSTON CONSULTING GROUP 135 E. 57TH STREET, 22ND FLOOR NEW YORK, NY 10022	01/95
ANDREW M. PAUL	ONE WORLD FINANCIAL TOWER SUITE 3601 NEW YORK, NY 10281	11/90

01/95

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION			
44996	Lincare Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE		CITY	STATE	ZIP CODE
19337 U.S.19 NORTH		CLEARWATER	FL	34624
4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION			6. SIC CODE
(813) 530-7700	DELAWARE			

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
SALE & RENTAL OF MEDICAL EQUIPMENT AND SALE OF MEDICAL OXYGEN

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
PLEASE SEE ATTACHED LIST	
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
SECRETARY NAME	TREASURER NAME
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
PLEASE SEE ATTACHED LIST	
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000	COMMON		500	COMMON	
1,000	PREFERRED				

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X _____
Signature of Officer

Howard R. Deutsch
Print or Type Name of Officer

Exec. V.P. 3-1-96
Title of Officer Date

File Date: 3/5/96
Check No: 10352760
By: DCR

For Secretary of State Use Only

LINCARE INC.

OFFICERS

TITLE/NAME	BUSINESS ADDRESS	IN OFFICE AS OF
PRESIDENT **JAMES T. KELLY**	19337 U.S. 19 NORTH CLEARWATER, FL 34624	11/87
EXEC. VICE PRESIDENT **HOWARD R. DEUTSCH**	19337 U.S. 19 NORTH CLEARWATER, FL 34624	11/87
CFO/SECRETARY **JAMES M. EMANUEL**	19337 U.S. 19 NORTH CLEARWATER, FL 34624	11/87

01/96

LINCARE INC.

DIRECTORS

NAME	ADDRESS	IN OFFICE AS OF
CHESTER B. BLACK	63 GREAT ROAD MAYNARD, MA 01754	01/91
FRANK T. CARY	208 HARBOR DRIVE STAMFORD, CT 06904-2501	07/91
HOWARD R. DEUTSCH	19337 U.S. 19 NORTH SUITE 500 CLEARWATER, FL 34624	11/90
JAMES M. EMANUEL	19337 U.S. 19 NORTH SUITE 500 CLEARWATER, FL 34624	11/90
JAMES T. KELLY	19337 U.S. 19 NORTH SUITE 500 CLEARWATER, FL 34624	11/90
THOMAS O. PYLE	THE BOSTON CONSULTING GROUP 135 E. 57TH STREET, 22ND FLOOR NEW YORK, NY 10022	01/95
ANDREW M. PAUL	ONE WORLD FINANCIAL TOWER SUITE 3601 NEW YORK, NY 10281	11/90

01/95

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

JAN 17 1995

ANNUAL REPORT
Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0004936 Annual Report for the year: 1995

Name of Corporation: Lincare Inc.

Business entity organized under the laws of the State of: DELAWARE

For foreign entity, address and telephone number of principal office:
19337 U.S. 19 NORTH
CLEARWATER, FL 34624

Phone: (813) 530-7700

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
C/O CT CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE, RI 02903
Phone: ( )

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
SALE & RENTAL OF MEDICAL EQUIPMENT AND SALE OF MEDICAL OXYGEN

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT: PLEASE SEE ATTACHED LISTING			
VICE PRESIDENT			
SECRETARY			
TREASURER			

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME: PLEASE SEE ATTACHED LISTING			
NAME			
NAME			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1000	COMMON	500	COMMON
1000	PREFERRED		

Date FEBRUARY 17, 1995

By: James M Emanuel
JAMES M. EMANUEL
PRINT OR TYPE NAME OF OFFICER SIGNING
SECRETARY/TREASURER
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CT CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE RI 02903

FILED
FEB 27 1995
By CSR 10220064

LINCARE INC.

OFFICERS

TITLE/NAME	BUSINESS ADDRESS	IN OFFICE AS OF
PRESIDENT **JAMES T. KELLY**	19337 U.S. 19 NORTH CLEARWATER, FL 34624	11/87
EXEC. VICE PRESIDENT **HOWARD R. DEUTSCH**	19337 U.S. 19 NORTH CLEARWATER, FL 34624	11/87
CFO/SECRETARY **JAMES M. EMANUEL**	19337 U.S. 19 NORTH CLEARWATER, FL 34624	11/87
VICE PRESIDENT **FRANK J. SULLIVAN**	61 COMMERCE DRIVE BROOKFIELD, CT 06805	11/87
VICE PRESIDENT **BYRON R. KROGEN**	19337 U.S. 19 NORTH CLEARWATER, FL 34624	11/87

07/94

LINCARE INC.

DIRECTORS

NAME	ADDRESS	IN OFFICE AS OF
CHESTER B. BLACK	63 GREAT ROAD MAYNARD, MA 01754	01/91
FRANK T. CARY	208 HARBOR DRIVE STAMFORD, CT 06904-2501	07/91
HOWARD R. DEUTSCH	19337 U.S. 19 NORTH SUITE 500 CLEARWATER, FL 34624	11/90
JAMES M. EMANUEL	19337 U.S. 19 NORTH SUITE 500 CLEARWATER, FL 34624	11/90
JAMES T. KELLY	19337 U.S. 19 NORTH SUITE 500 CLEARWATER, FL 34624	11/90
MARTIN J. MANNION	ONE BOSTON PLACE BOSTON, MA 02108	11/90
ANDREW M. PAUL	ONE WORLD FINANCIAL TOWER SUITE 3601 NEW YORK, NY 10281	11/90

07/94

Filing fee $50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT

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

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0044996 Annual Report for the year: 1994

Name of Business Entity: Lincare Inc.

Business entity organized under the laws of the State of DELAWARE

Federal Taxpayer Identification Number [redacted]

For foreign entity, address and telephone number of principal office:
19337 U.S. 19 NORTH
CLEARWATER, FL 34624

Phone: (813) 530-7700

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
C/O CT CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE, RI 02903

Phone: ( )

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed.
DONALD R. CRISP, TAX MANAGER
LINCARE INC.
P.O. BOX 9004
CLEARWATER, FL 34618

Brief statement of the character of business conducted in Rhode Island:
SALE & RENTAL OF MEDICAL EQUIPMENT AND SALE OF MEDICAL OXYGEN

Date of Organization: 11/87

Date of Qualification to do business in Rhode Island (if foreign entity)
11/24/87

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
[ ] CHIEF EXECUTIVE OFFICER OR [ ] PRESIDENT (Check One) PLEASE SEE ATTACHED LISTING			
[ ] CHIEF OPERATING OFFICER OR [ ] VICE PRESIDENT (Check One)			
[ ] CUSTODIAN OF RECORDS OR [ ] SECRETARY (Check One)			
[ ] CHIEF FINANCIAL OFFICER OR [ ] TREASURER (Check One)			

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME PLEASE SEE ATTACHED LISTING			
NAME			
NAME			

NUMBER OF SHARES AUTHORIZED (If Applicable)			NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)		
NUMBER	1000	560	NUMBER	500	
CLASS	COMMON	PREFERRED	CLASS	COMMON	
SERIES			SERIES		
PAR VALUE OR WITHOUT PAR	1.00	25,000.00	PAR VALUE OR WITHOUT PAR	1.00	

FILED
FEB 25 1994
By 10125556

Date FEBRUARY 10, 19 94

By James M Emanuel

JAMES M. EMANUEL
PRINT OR TYPE NAME OF OFFICER SIGNING

SECRETARY/TREASURER
TITLE OF OFFICER SIGNING

Form 31 - 94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

CT CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE RI 02903

LINCARE INC.

OFFICERS

TITLE/NAME	BUSINESS ADDRESS
PRESIDENT JAMES T. KELLY	19337 U.S. 19 NORTH CLEARWATER, FL 34624
EXEC. VICE PRESIDENT HOWARD R. DEUTSCH	19337 U.S. 19 NORTH CLEARWATER, FL 34624
CFO/SECRETARY JAMES M. EMANUEL	19337 U.S. 19 NORTH CLEARWATER, FL 34624
VICE PRESIDENT FRANK J. SULLIVAN	61 COMMERCE DRIVE BROOKFIELD, CT 06805
VICE PRESIDENT CHARLES J. RUTZ	19337 U.S. 19 NORTH CLEARWATER, FL 34624
VICE PRESIDENT BYRON R. KROGEN	19337 U.S. 19 NORTH CLEARWATER, FL 34624

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

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

1 00 4530

Corporate ID 0044996 Annual Report for the year 1993

FIRST: The name of the corporation is Lincare Inc

SECOND: It is incorporated under the laws of DELAWARE

THIRD: Character of business, briefly stated, is SALE AND RENTAL OF MEDICAL EQUIPMENT AND SALE OF MEDICAL OXYGEN

FOURTH: If foreign corporation, address of its principal office 19337 U.S. 19 NORTH
CLEARWATER, FL 34624

FIFTH: Business address in Rhode Island C/O CT CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
PLEASE SEE ATTACHED LIST	Director	
	Director	
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	COMMON		1.00
560	PREFERRED		25,000.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	COMMON		1.00

Dated FEBRUARY 11, 19 93

LINCARE INC.
(Name of Corporation)

By [redacted] J M Emanuel

[redacted] st be signed by an officer)

Title SECRETARY/TREASURER

LINCARE INC.

OFFICERS

PRESIDENT	JAMES T. KELLY 276 SHEFFIELD CIRCLE PALM HARBOR, FL 34683 (813) 784-7242 SS #294-40-9294
EXECUTIVE VICE-PRESIDENT	HOWARD R. DEUTSCH 3185 EDGEMOOR DRIVE PALM HARBOR, FL 34685 (813) 785-6876 SS #117-44-7851
CHIEF FINANCIAL OFFICER/ SECRETARY	JAMES M. EMANUEL 2718 REDFORD COURT E. CLEARWATER, FL 34621 (813) 786-3542 SS #250-76-9712
VICE PRESIDENT	FRANK J. SULLIVAN 9 NORTH BRANCH RD. NEWTOWN, CT 06470 (203) 426-5712 SS #092-36-0891
VICE PRESIDENT	CHARLES J. RUTZ 2694 BRATTLE LANE CLEARWATER, FL 34621 (813) 784-0070 SS #047-36-2296
VICE PRESIDENT	BYRON R. KROGEN 9512 121ST STREET N. SEMINOLE, FL 34642 (813) 391-4941 SS #502-36-4338

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

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0014995 Annual Report for the year 1992

FIRST: The name of the corporation is Lincare Inc

SECOND: It is incorporated under the laws of Delaware

THIRD: Character of business, briefly stated, is Sale and rental of medical equipment and sale of medical oxygen.

FOURTH: If foreign corporation, address of its principal office 888 Executive Center Dr. W, Ste 300 St. Petersburg, FL 33702

FIFTH: Business address in Rhode Island c/o CT Corporation System 123 Dyer St., Providence, RI 02920

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Please see attached list	Director	
	Director	
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

PAID
FEB 28 1992
SEC'Y OF STATE

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		1.00
560	Preferred		25,000.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common		1.00

Dated February 26 19 92

Lincare Inc.
(Name of Corporation)

By X Byron R. [illegible] 2-26-92

(Report must be signed by an officer)

Title Vice President

Form 31 1/85

LINCARE INC.

OFFICERS

PRESIDENT	JAMES T. KELLY 276 SHEFFIELD CIRCLE PALM HARBOR, FL 34683 (813) 784-7242 SS# 294-40-9294
EXECUTIVE VICE-PRESIDENT	HOWARD R. DEUTSCH 3185 EDGEMOOR DRIVE PALM HARBOR, FL 34685 (813) 785-6876 SS# 117-44-7851
CHIEF FINANCIAL OFFICER/ SECRETARY	JAMES M. EMANUEL 2718 REDFORD COURT E. CLEARWATER, FL 34621 (813) 786-3542 SS# 250-76-9712
VICE PRESIDENT	FRANK J. SULLIVAN 9 NORTH BRANCH RD. NEWTOWN, CT 06470 (203) 426-5712 SS# 092-36-0891
VICE PRESIDENT	CHARLES J. RUTZ 2694 BRATTLE LANE CLEARWATER, FL 34621 (813) 784-0070 SS# 047-36-2296
VICE PRESIDENT	BYRON R. KROGEN 9512 121ST STREET N. SEMINOLE, FL 34642 (813) 391-4941 SS# 502-36-4338

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	888 EXECUTIVE CENTER DRIVE WEST SUITE 300 ST. PETERSBURG, FLORIDA 33702
JAMES M. EMANUEL	888 EXECUTIVE CENTER DRIVE WEST SUITE 300 ST. PETERSBURG, FLORIDA 33702
JAMES T. KELLY	888 EXECUTIVE CENTER DRIVE WEST SUITE 300 ST. PETERSBURG, FLORIDA 33702
MARTIN J. MANNION	ONE BOSTON PLACE BOSTON, MASSACHUSETTS 02108
ANDREW M. PAUL	ONE WORLD FINANCIAL TOWER SUITE 3601 NEW YORK, NEW YORK 10281

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0044996 Annual Report for the year 1991

FIRST: The name of the corporation is Lincare Inc.

SECOND: It is incorporated under the laws of DELAWARE

THIRD: Character of business, briefly stated, is SALES and SERVICE OF MEDICAL OXYGEN AND RELATED MEDICAL EQUIPMENT

FOURTH: If foreign corporation, address of its principal office 888 EXECUTIVE CTR. DR. W., SUITE 300, ST. PETERSBURG, FL 33702

FIFTH: Business address in Rhode Island c/o CT CORPORATION SYSTEM 123 DYER STREET, PROVIDENCE, RI 02920

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
SEE ATTACHED LIST	Director	
	Director	
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		1.00
1,000	PREFERRED		25,000.00

PAID
FEB 26 1991
CITY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common		1.00

Dated FEBRUARY 22 19 91

LINCARE INC
(Name of Corporation)

By BRI

Title VICE PRESIDENT

(Report must be signed by an officer)

Form 31 1/85

LINCARE INC.

OFFICERS

PRESIDENT	JAMES T. KELLY 276 SHEFFIELD CIRCLE PALM HARBOR, FL 34683 (813) 784-7242 SS# 294-40-9294
EXECUTIVE VICE-PRESIDENT	HOWARD R. DEUTSCH 3185 EDGEMOOR DRIVE PALM HARBOR, FL 34685 (813) 785-6876 SS# 117-44-7851
CHIEF FINANCIAL OFFICER/ SECRETARY	JAMES M. EMANUEL 2718 REDFORD COURT E. CLEARWATER, FL 34621 (813) 786-3542 SS# 250-76-9712
VICE PRESIDENT	FRANK J. SULLIVAN 9 NORTH BRANCH RD. NEWTOWN, CT 06470 (203) 426-5712 SS# 092-36-0891
VICE PRESIDENT	CHARLES J. RUTZ 2694 BRATTLE LANE CLEARWATER, FL 34621 (813) 784-0070 SS# 047-36-2296
VICE PRESIDENT	BYRON R. KROGEN 9512 121ST STREET N. SEMINOLE, FL 34642 (813) 391-4941 SS# 502-36-4338

DIRECTORS

ANDREW M. PAUL	313 CENTRAL PARKWAY MOUNT VERNON, NY 10552
CHESTER A. BLACK	63 GREAT ROAD MAYNARD, MA 01754
DAVID S. ALDRICH	145 HICKS STREET. APT A61 BROOKLYN, NY 11201
MARTIN J. MANNION	269 BEACON STREET, APT #7 BOSTON, MA 02116
JAMES T. KELLY	276 SHEFFIELD CIRCLE PALM HARBOR, FL 34683
HOWARD R. DEUTSCH	3185 EDGEMOOR DRIVE PALM HARBOR, FL 34685
JAMES M. EMANUEL	2718 REDFORD COURT E. CLEARWATER, FL 34621

Filing Fee $15.00

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

To be filed annually between January 1st and March 1st

Corporate ID 0044995

Annual Report for the year 1990

FIRST: The name of the corporation is Lincare Inc.

SECOND: It is incorporated under the laws of Delaware

THIRD: Character of business, briefly stated, is Sales and service of medical oxygen and related medical equipment

FOURTH: If foreign corporation, address of its principal office 888 Executive Ctr. Dr. W. Suite 300, St. Petersburg, FL 33702

FIFTH: Business address in Rhode Island c/o CT Corporation System 123 Dyer Street, Providence, R.I. 02920

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
See Attached	Director	
	Director	
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		1.00
1,000	Preferred		25,000.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common		1.00
440	Preferred		25,000.00

PAID
FEB 20 1990
SEC'Y. OF STATE

ted February 19 1990

Lincare Inc.
(Name of Corporation)

By J.M. Emanuel

(Report must be signed by an officer)

185