

1.) CORPORATION NAME:

**LINCARE INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

DUE DATE: **5/31/2011**

SCC ID NO: **F1140096**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000
PREFER	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 19387 US 19 NORTH

CITY/ST/ZIP: CLEARWATER, FL 33764-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: SHAWN S. SCHABEL  
TITLE: PRESIDENT/COO  
ADDRESS: 19387 US 19 NORTH  
CITY/ST/ZIP/CO: CLEARWATER, FL 33764-

OFFICER

DIRECTOR

NAME: JOHN P. BYRNES  
TITLE: CEO  
ADDRESS: 19387 US 19 NORTH  
CITY/ST/ZIP/CO: CLEARWATER, FL 33764-

OFFICER

DIRECTOR

NAME: PAUL G GABOS  
TITLE: CFO  
ADDRESS: 19387 US 19 NORTH  
CITY/ST/ZIP/CO: CLEARWATER, FL 33764-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PAUL G GABOS

PAUL G GABOS, CFO

5/4/2011

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE  
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.