

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90089 023 ***150.00

DOCUMENT # F95000004069

1. Entity Name
LIFELINE HEALTH CARE OF NORTHEAST FLORIDA, INC.

Principal Place of Business
710 94TH AVENUE, STE. 304
ST. PETERSBURG FL 33702
US

Mailing Address
600 CLIFTY STREET
SOMERSET KY 42503

00023478



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3329911**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~G-T CORPORATION SYSTEM~~
~~1200 SOUTH PINE ISLAND ROAD~~
~~PLANTATION FL 33324~~

Name **R. Terry Riggsby**
 Street Address (P.O. Box Number Not Acceptable) **817 North Gadsden Street**
 City **tallahassee** FL Zip Code **32303-6313**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *X R. Terry Riggsby*
 Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **1/24/01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, JAMES T	
STREET ADDRESS	600 CLIFTY STREET	
CITY-ST-ZIP	SOMERSET KY 42503	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FRAZER, JAMES M	
STREET ADDRESS	600 CLIFTY STREET	
CITY-ST-ZIP	SOMERSET KY 42503	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRAMER, STEWARD A	
STREET ADDRESS	600 CLIFTY STREET	
CITY-ST-ZIP	SOMERSET KY 42503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randall, James	
STREET ADDRESS	2112 SUNDAY Drive	
CITY-ST-ZIP	Somerset, Ky 42503	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weddle, Richard Dr.	
STREET ADDRESS	208 College	
CITY-ST-ZIP	Somerset, Ky 42501	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Snyder, Evelyn	
STREET ADDRESS	206 Willow Drive	
CITY-ST-ZIP	Kingston, TN 37763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X James M. Frazer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES M. FRAZER

DATE **1/4/01** DAYTIME PHONE # **606-679-4100**

CR2E034 (10/00)