

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90020 048 ***150.00

DOCUMENT # H23434
 1. Entity Name
LIFELINE HOME CARE OF FLORIDA, INC.

Principal Place of Business Mailing Address
4741 ATLANTIC BLVD. **ONE SERVICE MASTER WAY**
SUITE A-2 **DOWNERS GROVE IL 60515**
JACKSONVILLE FL 32207



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 Applied For
59-2449868 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRATZEL, ANDREW D	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLACK, KATHLEEN	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLBER, DOUGLAS W	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEMKE, STEVE	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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 empowerments.

SIGNATURE: *Andrew D. Bratzel* Andrew D. Bratzel Date: 1-31-00 Daytime Phone #: 630-271-1325