FILED Feb 25, 2004 8:00 am Secretary of State 02-25-2004 90024 043 ****61.25

DOCUMENT # N9500000555 1. Entity Name LIFELINE FAMILY CENTER, INC.								02-2	5-2004 9	0024	043 ***	*61.25	
Principal Place of Business 4518 ORCHID BLVD. CAPE CORAL, FL 33904 Mailing Address 4518 ORCHID BLVD. CAPE CORAL, FL 33904)4					*/ .	5	4011	. 800
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2. Principal Place of Business			3. Mailing Address				F	III II I III I I I I I I I I I I I I I		 	OMER BIIDI WII		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02162004	Chg-NP	CR	2E037	(10/03)			
City & State		City & State					4. FEI Number Applied For 65-0529641 Not Applicable						
- Zip	* Zip * Country		ZipCo		intry		5. Certificate	of Status Des	ired 🗆		8.75 Add		
	6. Name and Addr	ess of Current	Registered	Agent	I			7. Name and	Address of I	New Registe	ered Ag	ent	
MILLER K	ATHERINE A					Name							
4518 ORC						Street A	ddress (l	P.O. Box Numbe	er is Not Acce	eptable)			
CALLOO	(VAL, 1 E 33304												
						City					FL	Zip Code	e
	named entity submits t		or the purpose	of changing its	register	ed office or	r register	ed agent, or bot	h, in the State	of Florida.	I am far	miliar with,	and accept
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SIGNATURE .	Signature, typed or printed nam	ne of registered agent:				d Acont signati					ATE		
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