

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000006199

**FILED**  
**Feb 01, 2023**  
**Secretary of State**  
**8956374362CC**

**Entity Name:** LIFELINE TRANSITIONAL SERVICES INC.

**Current Principal Place of Business:**

1301 NW 4 STREET  
FT LAUDERDALE, FL 33311

**Current Mailing Address:**

1301 NW 4 STREET  
FT LAUDERDALE, FL 33311

**FEI Number: 84-3067145**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VERTIL, SHERRY  
1301 NW 4 STREET  
FT LAUDERDALE, FL 33311 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name JONES, TEYSHA  
Address 1301 NW 4 STREET  
City-State-Zip: FT LAUDERDALE FL 33311

Title ST  
Name VERTIL, SHERRY  
Address 1301 NW 4 STREET  
City-State-Zip: FT LAUDERDALE FL 33311

Title VPD  
Name WEAVER, TAMIKA  
Address 1301 NW 4 STREET  
City-State-Zip: FT LAUDERDALE FL 33311

Title TREASURER, DIRECTOR  
Name MCKINE, EZEKIEL  
Address 1301 NW 4 STREET  
City-State-Zip: FT LAUDERDALE FL 33311

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SHERRY VERTIL**

**SECRETARY**

**02/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date