

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90017 034 ***150.00

DOCUMENT # F01000000371

1. Entity Name

LIFELINE PRIVATE DUTY SERVICES, INC.

Principal Place of Business

**600 CLIFTY STREET
 SOMERSET KY 42503**

Mailing Address

**600 CLIFTY STREET
 SOMERSET KY 42503**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1140403

Applied For

Not Applicable

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

RIGSBY, R. TERRY

~~**C/O NEWELL & TERRY PROFESSIONAL ASSN.**~~

~~**817 NORTH GADSDEN STREET**~~

~~**TALLAHASSEE FL 32303-6313**~~

Name

Street Address (P.O. Box Number is Not Acceptable)

215 S. Monroe Street #440

City

Tallahassee

FL

Zip Code

32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **PCD** ☐ Delete
 NAME **WILSON, JAMES T**
 STREET ADDRESS **600 CLIFTY STREET**
 CITY-ST-ZIP **SOMERSET KY 42503**

TITLE **Director** ☐ Change ☒ Addition
 NAME **James Randall**
 STREET ADDRESS **208 College Street**
 CITY-ST-ZIP **Somerset, Ky**

TITLE **VD/President** ☐ Delete
 NAME **FRAZER, JAMES M**
 STREET ADDRESS **600 CLIFTY STREET**
 CITY-ST-ZIP **SOMERSET KY 42503**

TITLE ☐ Change ☒ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **STD** ☐ Delete
 NAME **WEDDLE, RICHARD M.D.**
 STREET ADDRESS **600 CLIFTY STREET**
 CITY-ST-ZIP **SOMERSET KY 42503**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **FRAMER, STEWARD**
 STREET ADDRESS **600 CLIFTY STREET**
 CITY-ST-ZIP **SOMERSET KY 42503**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James M. Frazer

Date

Daytime Phone #

1/8/02

606.679.4100

CR2E034 (9/01)