

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000371

FILED  
Apr 13, 2004  
Secretary of State

**Entity Name:** LIFELINE PRIVATE DUTY SERVICES, INC.

**Current Principal Place of Business:**

600 CLIFTY STREET  
SOMERSET, KY 42503

**New Principal Place of Business:**

**Current Mailing Address:**

600 CLIFTY STREET  
SOMERSET, KY 42503

**New Mailing Address:**

**FEI Number:** 61-1140403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIGSBY, R. TERRY  
215 S. MONROE STREET  
#440  
TALLAHASSEE, FL 32301 US

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

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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: WILSON, JAMES T  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

Title: P ( ) Delete  
Name: FRAZER, JAMES M  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

Title: STD ( ) Delete  
Name: WEDDLE, RICHARD M.D.  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

Title: D ( ) Delete  
Name: ARNETT, STEVE  
Address: 620 MARKET ST #300  
City-St-Zip: KNOXVILLE, TN 37902

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEOC (X) Change ( ) Addition  
Name: WILSON, JAMES T  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

Title: PD (X) Change ( ) Addition  
Name: FRAZER, JAMES M  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SINCLAIR, KEITH G  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

Title: D ( ) Change (X) Addition  
Name: AUSTIN, KARON  
Address: PO BOX 2555  
City-St-Zip: AVON, CO 81620

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JAMES FRAZER

PRES

04/13/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date