

FO10000000371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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(10/21/05)



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01/18/05--011-2--006 44.05.00

FILED
05 JAN 31 PM 5:00
TALLAHASSEE, FLORIDA

CFRA, LLC
Registered Agent Services
A Subsidiary of Carlton Fields

PHYSICAL ADDRESS:
CORPORATE CENTER THREE AT INTERNATIONAL PLAZA
4221 W BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FLORIDA 33607-5736

MAILING ADDRESS:
P. O. BOX 3239
TAMPA, FLORIDA 33601-3239
TEL (813) 223-7000 FAX (813) 229-4133

January 14, 2005

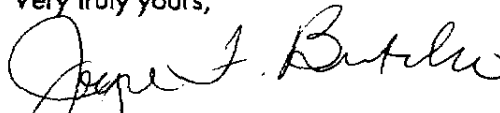
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: **Registered Agent Statement of Change**

Gentlemen:

Please find enclosed seven Statement of Change of Registered Agent forms for Lifeline Health Care of Southwest Florida, Inc.; Lifeline Health Services of Southwest Florida, Inc.; Lifeline Health Care of Central Florida, Inc.; Lifeline Health Care of Northeast Florida, Inc.; Lifeline Health Care of South Florida, Inc.; Lifeline Management, Inc.; and Lifeline Private Duty Services, Inc. Also enclosed is Lifeline Health Care of Southwest Florida, Inc.'s Check No. 7038 in the amount of \$245.00 for the filing fees.

Very truly yours,



Joyce F. Bentubo
Administrative Assistant

JFB/mlb
Enclosures



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 25, 2005

CFRA, LLC
% JOYCE F. BENTUBO
P.O. BOX 3239
TAMPA, FL 33601-3239

SUBJECT: LIFELINE PRIVATE DUTY SERVICES, INC.
Ref. Number: F01000000371

We have received your document for LIFELINE PRIVATE DUTY SERVICES, INC. and your check(s) totaling \$245.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The signature representing the new agent is in the wrong place.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 505A00004900

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LIFELINE PRIVATE DUTY SERVICES, INC.
2. The mailing address of the corporation: 600 CLIFTY STREET
SOMERSET KY 42503
3. Date of incorporation/qualification: 01/22/2001 Document number: F01000000371
4. The name and address of the current registered agent and office:

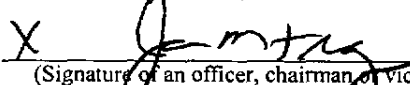
RIGSBY, R. TERRY
215 S. MONROE STREET #440
TALLAHASSEE FL 32301

5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)

CFRA, LLC
CORPORATE CENTER THREE AT INTERNATIONAL PLAZA
4221 W BOY SCOUT BOULEVARD, 10TH FLOOR
TAMPA, FL 33607-5736

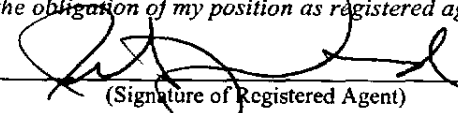
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

X 
(Signature of an officer, chairman, or vice chairman of the board)
James M. FRAZER, President
(Printed or typed name and title)

11-30-04
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and competent performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature of Registered Agent)

01-28-05
(Date)

If signing on behalf of an entity:

Peter J. Widders
(Typed or Printed Name)

Vice President
(Capacity)

*** FILING FEE: \$35.00 ***

FILED
05 JAN 31 PM 5:00
TALLAHASSEE, FLORIDA