

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # F01000004696**

1. Entity Name  
**RMS LIFELINE INC.**

02-20-2002 90015 017 \*\*\*150.00

Principal Place of Business  
**1620 WAUKEGAN ROAD**  
**MCGAW PARK IL 60085**

Mailing Address  
**1620 WAUKEGAN ROAD**  
**MCGAW PARK IL 60085**

1620 WAUKEGAN ROAD  
 MCGAW PARK IL 60085

**B0028434**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**36-4258607**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NEE, RICHARD</b> <b>1620 WAUKEGAN ROAD MPGR-A2S</b> <b>MCGAW PARK IL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ZACHARAKAS, ELAINE C</b> <b>1620 WAUKEGAN ROAD MPGR-A2S</b> <b>MCGAW PARK IL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD</b> <b>PERSKY, MARLA S</b> <b>ONE BAXTER PKWY</b> <b>DEERFIELD IL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SCHOEN, BRIAN</b> <b>1620 WAUKEGAN ROAD MPGR-A2S</b> <b>MCGAW PARK IL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>THURMAN, CHARLES W</b> <b>ONE BAXTER PKWY DF4-3W</b> <b>DEERFIELD IL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACKSON, JERRY W</b> <b>3538 MILL SPRING RD</b> <b>BIRMINGHAM AL</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRICE, SUSAN</b> <b>3320 N. 2ND STREET</b> <b>PHOENIX, AZ</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THARPE, DAVID</b> <b>817 PRINCETON AVE, SW #102</b> <b>BIRMINGHAM, AL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAJSKI, WILLIAM</b> <b>ONE BAXTER PARKWAY</b> <b>DEERFIELD, IL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GANZ, RICHARD</b> <b>1620 WAUKEGAN ROAD</b> <b>MCGAW PARK, IL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICE, WILLIAM</b> <b>ONE BAXTER PARKWAY</b> <b>DEERFIELD, IL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACKSON, JERRY W</b> <b>3538 MILL SPRING RD</b> <b>BIRMINGHAM AL</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02  
 (477) 873-6715  
 (277) 933-1775

CR2E034 (9/01)