FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000004010 (5)**

1. Corporation Name

LIFELINE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
600 CLIFTY ROAD SOMERSET KY 42501	600 CLIFTY ROAD SOMERSET KY 42501

3. Date Incorporated or Qualified: **09/01/1993**
3a. Date of Last Report: **03/10/1995**
4. FEI Number: **61-1101034** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 PO Box 938
22 600 CLIFTY Street
23 Somerset, KY
24 42502-0938 25 USA

2a. Mailing Address
26 PO Box 938
27 600 CLIFTY Street
28 Somerset KY
29 42502-0938 30 USA

9. Name and Address of Current Registered Agent

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD President	☐ DELETE
NAME	WILSON, JAMES T	
STREET ADDRESS	530 HIGHWAY 790	
CITY-ST-ZIP	BRONSTON KY 42518	
TITLE	VCD	☒ DELETE
NAME	SELVIDGE, WILLIAM M.D.	
STREET ADDRESS	4044 WATERCREST DR	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	SD	☒ DELETE
NAME	LINKES, RON	
STREET ADDRESS	222 FAIRWAY LANE	
CITY-ST-ZIP	SOMERSET KY 42501	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	☐ Change ☒ Addition
12 NAME	James Randall	
13 STREET ADDRESS	2112 Sunday Drive	
14 CITY-ST-ZIP	Somerset KY 42501	
21 TITLE	Director	☐ Change ☒ Addition
22 NAME	Evelyn Snyder	
23 STREET ADDRESS	105 Newbern Dr #310	
24 CITY-ST-ZIP	Leigh Acres, FL 33936	
31 TITLE	Secretary	☐ Change ☒ Addition
32 NAME	James Frazer	
33 STREET ADDRESS	7 Stonehedge Dr.	
34 CITY-ST-ZIP	Monticello, KY 42633	
41 TITLE	Treasurer	☐ Change ☒ Addition
42 NAME	Steward Framer	
43 STREET ADDRESS	76 Woodson Bend	
44 CITY-ST-ZIP	Bronston KY 42518	
51 TITLE	Vice President	☐ Change ☒ Addition
52 NAME	Rebecca Girdler	
53 STREET ADDRESS	3350 East Hwy. 452	
54 CITY-ST-ZIP	Eubank, KY 42567	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and accurate, for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: [signature] Secretary — 1-26-96 — 606-679-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number