

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004010

1. Corporation Name

LIFELINE MANAGEMENT, INC.

Principal Place of Business

600 CLIFTY ST
P O BOX 938
SOMERSET KY 42502-938
US

Mailing Address

600 CLIFTY ST
P O BOX 938
SOMERSET KY 42502-938
US

2. Principal Place of Business

21 Same as above

Suite, Apt. #, etc

22 u u

City & State

23 u u

Zip Country

24 42502-0938 25

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc

27 u u

City & State

28 u u

Zip Country

29 42502-0938 30

9. Name and Address of Current Registered Agent

RIGSBY, TERRY
BLANK, RIGSBY & MEENAN
204 S. MONROE STREET
TALLAHASSEE FL 32301

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 607.1508, 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

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

(NOTE: Registered Agent signature required after registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	WILSON, JAMES T	554 HIGHWAY 790	BRONSTON KY	<input type="checkbox"/>
D	RANDALL, JAMES	2112 SUNDAY DRIVE	SOMERSET KY	<input type="checkbox"/>
S	SNYDER, EVELYN	622 MARGRAVE ST	HARRIMAN TN	<input type="checkbox"/>
S	FRAZER, JAMES M	7 STONEEDGE DRIVE	MONTICELLO KY	<input type="checkbox"/>
T	FRAMER, STEWARD	106 LAKE CLIFT DR	SOMERSET KY	<input type="checkbox"/>
D	MALONE, PHILIP	13121 UNIVERSITY DRIVE	FT. MYERS FL 33907	<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY-ST-ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY-ST-ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY-ST-ZIP
Director	Dr. Richard Weddle	208 College	Somerset, Ky 42501												

000002820490-7
-03/26/99--01104--013
****800.00 ****150.00

14. 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 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 attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/99 606-679-4100

CR2E034 (11/98)

0855617