

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91064 050 ***150.00

DOCUMENT # F93000004010

1. Entity Name
LIFELINE MANAGEMENT, INC.



Principal Place of Business
**600 CLIFTY ST
SOMERSET KY 42503
US**

Mailing Address
**600 CLIFTY ST
SOMERSET KY 42503
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **61-1101034**

Applied For

Not Applicable

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD (Chairman & CEO)** ☐ Delete
NAME **WILSON, JAMES T**
STREET ADDRESS **554 HIGHWAY 790**
CITY-ST-ZIP **BRONSTON KY**

TITLE **D** ☒ Delete
NAME **RANDALL, JAMES**
STREET ADDRESS **2112 SUNDAY DRIVE**
CITY-ST-ZIP **SOMERSET KY**

TITLE **PD** ☐ Delete
NAME **FRAZER, JAMES M**
STREET ADDRESS **7 STONEEDGE DRIVE**
CITY-ST-ZIP **MONTICELLO KY** *(not a Director, President)*

TITLE **T** ☒ Delete
NAME **FRAMER, STEWARD**
STREET ADDRESS **106 LAKE CLIFT DR**
CITY-ST-ZIP **SOMERSET KY**

TITLE **D** ☐ Delete
NAME **WEDDLE, RICHARD DR.**
STREET ADDRESS **208 COLLEGE**
CITY-ST-ZIP **SOMERSET KY 42501**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Steve Arnett, the Trust**
STREET ADDRESS **Company of Knoxville**
CITY-ST-ZIP **600 Market Street # 300**
Knoxville, TN 37902 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/03 606-679-4100

CR2E034 (10/02)