

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90089 023 \*\*\*150.00

DOCUMENT # F95000004069

1. Entity Name  
LIFELINE HEALTH CARE OF NORTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

710 94TH AVENUE, STE. 304  
ST. PETERSBURG FL 33702  
US

600 CLIFTY STREET  
SOMERSET KY 42503

00023478



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 59-3329911

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

~~G-T CORPORATION SYSTEM~~  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name  
R. Terry Rigby  
Street Address (P.O. Box Number Not Acceptable)  
817 North Gadsden Street

City Tallahassee FL Zip Code 32303-6313

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 X R. Terry Rigby  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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 P ☐ Delete  
NAME WILSON, JAMES T  
STREET ADDRESS 600 CLIFTY STREET  
CITY-ST-ZIP SOMERSET KY 42503

TITLE Director ☐ Change ☒ Addition  
NAME Randall, James  
STREET ADDRESS 2112 SUNDAY Drive  
CITY-ST-ZIP Somerset, Ky 42503

TITLE VS ☐ Delete  
NAME FRAZER, JAMES M  
STREET ADDRESS 600 CLIFTY STREET  
CITY-ST-ZIP SOMERSET KY 42503

TITLE Director ☐ Change ☒ Addition  
NAME Weddle, Richard Dr.  
STREET ADDRESS 208 College  
CITY-ST-ZIP Somerset, Ky 42501

TITLE T ☐ Delete  
NAME FRAMER, STEWARD A  
STREET ADDRESS 600 CLIFTY STREET  
CITY-ST-ZIP SOMERSET KY 42503

TITLE Director ☐ Change ☒ Addition  
NAME Snyder, Evelyn N  
STREET ADDRESS 206 Willow Drive  
CITY-ST-ZIP Kingston, TN 37763

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE: X James M. Frazer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/01 606-679-4100

CR2E034 (10/00)