

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90175 028 ***150.00

DOCUMENT # F95000004069
1. Entity Name
LIFELINE HEALTH CARE OF NORTHEAST FLORIDA, INC.

Principal Place of Business
710 94TH AVENUE, STE. 304
ST. PETERSBURG FL 33702
US

Mailing Address
600 CLIFTY STREET
SOMERSET KY 42503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2852 66th Street North
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
St. Petersburg FL

City & State

4. FEI Number
59-3329911

Applied For
Not Applicable

Zip
33710

Country
USA

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

RIGSBY, R. TERRY
817 NORTH GADSDEN STREET
TALLAHASSEE FL 32303-6313

Name

Street Address (P.O. Box Number is Not Acceptable)

215 S. Monroe Street #440

City

Tallahassee

FL

Zip Code

32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **# Chairman of the Board** ☐ **Delete**
NAME **WILSON, JAMES T**
STREET ADDRESS **600 CLIFTY STREET**
CITY-ST-ZIP **SOMERSET KY 42503**

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

TITLE **VP/President** ☐ **Delete**
NAME **FRAZER, JAMES M**
STREET ADDRESS **600 CLIFTY STREET**
CITY-ST-ZIP **SOMERSET KY 42503**

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

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

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

TITLE **D** ☐ **Delete**
NAME **RANDALL, JAMES**
STREET ADDRESS **2112 SUNDAY DRIVE**
CITY-ST-ZIP **SOMERSET KY 42503**

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

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

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

TITLE **D** ☒ **Delete**
NAME **SNYDER, EVELYN**
STREET ADDRESS **206 WILLOW DRIVE**
CITY-ST-ZIP **KINGSTON TN 37763**

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 SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

606.679.4100

Daytime Phone #

CR2E034 (9/01)