

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004069

FILED
Apr 14, 2005
Secretary of State

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

Current Principal Place of Business:

2852 66TH STREET NORTH
SAINT PETERSBURG, FL 33710 US

New Principal Place of Business:

7655 38TH AVE., NORTH
STE 213
ST PETERSBURG, FL 33710 US

Current Mailing Address:

600 CLIFTY STREET
SOMERSET, KY 42503

New Mailing Address:

FEI Number: 59-3329911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W BOY SCOUT BOULEVARD, 10TH FLOOR
TAMPA, FL 336075736 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: WILSON, JAMES T
Address: 600 CLIFTY STREET
City-St-Zip: SOMERSET, KY 42503

Title: PD () Delete
Name: FRAZER, JAMES M
Address: 600 CLIFTY STREET
City-St-Zip: SOMERSET, KY 42503 US

Title: D () Delete
Name: WEDDLE, RICHARD DR.
Address: 600 CLIFTY STREET
City-St-Zip: SOMERSET, KY 42503

Title: D () Delete
Name: SINCLAIR, KEITH G
Address: 600 CLIFTY STREET
City-St-Zip: SOMERSET, KY 42503

Title: D (X) Delete
Name: AUSTIN, KARON
Address: PO BOX 2555
City-St-Zip: AVON, CO 81620 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. FRAZER

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date