

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90198 010 ***150.00

DOCUMENT # F96000003223

1. Corporation Name
LIFENET USA, INC.

Principal Place of Business
PO BOX 3253
W SOMERSET KY 42564

Mailing Address
PO BOX 3253
W SOMERSET KY 42564

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/25/1996

4. FEI Number
61-1287461

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORFIELD, PENNY
6351 ARC WAY
FT MYERS FL 33912

81 Name R. Terry Rigsby
82 Street Address P.O. Box Number is Not Acceptable
83 Blank, Rigsby & Meenan, P.A.
204 South Monroe St. PO Box 11068
84 City Tallahassee FL 85 Zip Code 32302

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCV
NAME WILSON, JAMES T
STREET ADDRESS 530 HWY 790
CITY-ST-ZIP BRONSTON KY 42518 ☐ DELETE

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Vincent Wirth
1.3 STREET ADDRESS 600 CLIFTY Street - PO Box 938
1.4 CITY-ST-ZIP Somerset, Ky 42502-0938

TITLE ~~S~~
NAME ~~ROBERTS, GAIL~~
STREET ADDRESS ~~1654 HWY 1247~~
CITY-ST-ZIP ~~SOMERSET KY 42501~~ ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE COO
NAME SNOWDEN, STEVE
STREET ADDRESS 300 CLIFTY ST
CITY-ST-ZIP SOMERSET KY 42501 ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 600 CLIFTY Street - PO Box 938
3.4 CITY-ST-ZIP Somerset, Ky 42502-0938

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

606.679.4100 4.29.99

Date

Daytime Phone #

CR2E034 (1/98)

0555820