## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 26, 2000 8:00 am Secretary of State DOCUMENT # **F96000003223** 1. Entity Name LIFENET USA. INC. 02-26-2000 90040 030 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 3253 PO BOX 3253 W SOMERSET KY 42564 W SOMERSET KY 42564-3253 C0024671 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 61-1287461 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIGSBY, R. TERRY Street Address (P.O. Box Number is Not Acceptable) BLANK, RIGSBY & MEENAN, PA 204 S MONROE ST PO BOX 11068 TALLAHASSEE FL 32302 Zip Code City 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, DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1, 11. OFFICERS AND DIRECTORS 12. (66/6)☐ Change TITLE TITL F Delete NAME Wirth, Vincent NAME STREET ADDRESS STREET ADDRESS 600 CLIFTY ST PO BOX 938 CITY-ST-ZIP CITY-ST-ZIP BRONSTON KY 42502-0938 COO Delete TITLE SNOWDEN, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 600 CLIFTY ST PO BOX 938 CITY-ST-ZIP CITY-ST-ZIP **SOMERSET KY 42502-0938** Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

1110/00

800.401.134

☐ Addition

Daytime Phone #

☐ Change