

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90169 018 ***150.00

DOCUMENT # F99000002935

1. Entity Name

LIFELINES MEDICAL SOLUTIONS, INC.

Principal Place of Business

Mailing Address

43000 W. NINE MILE ROAD 43000 W. NINE MILE ROAD
SUITE 308 SUITE 308
NOVI, MI 48375 NOVI, MI 48375

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3448951

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

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

City

FL

Zip Code

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, 2000 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

TITLE PD
NAME SEMMES, KATHY
STREET ADDRESS 5410 KILLINUR DRIVE
CITY - ST - ZIP PROSPECT, KY 40059 ☐ Delete

TITLE VD
NAME JOSE, MARY ANN
STREET ADDRESS 841 HOLLYRIDGE DRIVE
CITY - ST - ZIP BALLWIN, MO 63021 ☐ Delete

TITLE VSD
NAME WIELAND, RICHARD
STREET ADDRESS 542 W. DUNLAP
CITY - ST - ZIP NORTHVILLE, MI 48167 ☐ Delete

TITLE TD
NAME OATES, LYNN
STREET ADDRESS 44598 KALI CT.
CITY - ST - ZIP NOVI, MI 48375 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VD ☒ Change ☐ Addition
NAME JOSE, MARY ANN
STREET ADDRESS 1254 CHAVANIAC DRIVE
CITY - ST - ZIP ST LOUIS, MO 63011

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

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

TITLE ☐ Change ☐ Addition
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:  **LYNN OATES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-00 248-3449555