

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002935

FILED
Feb 02, 2004
Secretary of State

Entity Name: LIFELINES MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

43000 W. NINE MILE ROAD, SUITE 302
NOVI, MI 48375

New Principal Place of Business:

Current Mailing Address:

43000 W. NINE MILE ROAD, SUITE 302
NOVI, MI 48375

New Mailing Address:

FEI Number: 38-3448951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: SEMMES, KATHY
Address: 5410 KILLINUR DRIVE
City-St-Zip: PROSPECT, KY 40059

Title: VD () Delete
Name: JOSE, MARY ANN
Address: 1254 CHAVANIAC DR
City-St-Zip: ST LOUIS, MO 63011

Title: VSD () Delete
Name: WIELAND, RICHARD
Address: 542 W. DUNLAP
City-St-Zip: NORTHVILLE, MI 48167

Title: TD () Delete
Name: OATES, LYNN
Address: 44598 KALI CT.
City-St-Zip: NOVI, MI 48375

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:

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: LYNN OATES

TD

02/02/2004

Electronic Signature of Signing Officer or Director

Date