

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002935

FILED
Apr 04, 2011
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:

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

Current Mailing Address:

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

New Mailing Address:

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

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

OFFICERS AND DIRECTORS:

Title: PD
Name: WIELAND, RICHARD
Address: 4327 BEAU RIVAGE CIRCLE
City-St-Zip: LUTZ, FL 33558 UN

Title: VD
Name: OATES, LYNN
Address: 44598 KALI COURT
City-St-Zip: NOVI, MI 48375 UN

Title: SEC
Name: WIELAND, RICHARD
Address: 4327 BEAU RIVAGE CIRCLE
City-St-Zip: LUTZ, FL 33558 UN

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

I hereby 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 all other like empowered.

SIGNATURE: LYNN OATES

VD

04/04/2011

Electronic Signature of Signing Officer or Director

Date