

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000002935

FILED  
Feb 04, 2003  
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

02/04/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date