

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H23434

1. Entity Name  
LIFELINE HOME CARE OF FLORIDA, INC.

Principal Place of Business  
4741 ATLANTIC BLVD.  
SUITE A-2  
JACKSONVILLE FL 32207

Mailing Address  
ONE SERVICE MASTER WAY  
DOWNERS GROVE IL 60515

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2449868

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                            |                                            |
|------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BRATZEL, ANDREW D<br>ONE SERVICEMASTER WAY<br>DOWNERS GROVE IL 60515 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BLACK, KATHLEEN<br>ONE SERVICEMASTER WAY<br>DOWNERS GROVE IL 60515   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>COLBER, DOUGLAS W<br>ONE SERVICEMASTER WAY<br>DOWNERS GROVE IL 60515  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>LEMKE, STEVE<br>ONE SERVICEMASTER WAY<br>DOWNERS GROVE IL 60515       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            | <input type="checkbox"/> Delete            |

|                                                |                                                                                              |                                                                              |
|------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Assistant Secretary<br>Sandra L. Groman<br>One Service Master Way<br>Downers Grove, IL 60515 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>Douglas W. Colber<br>One Service Master Way<br>Downers Grove, IL 60515                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

SIGNATURE OF SANDRA L. GROMAN

8/28/01

630-271-2725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0145764 SP

CR2E034 (5/01)

FILED  
Sep 06, 2001 8:00 am  
Secretary of State

09-06-2001 90008 032 \*\*\*550.00



DO NOT WRITE IN THIS SPACE