


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90015 019 ***150.00

DOCUMENT # H53222	
1. Entity Name LIFELINE MEDICAL SERVICES, INC.	

Principal Place of Business 3192 W. MIDWAY ROAD FT. PIERCE, FL 34981 US	Mailing Address 3192 W. MIDWAY ROAD FT. PIERCE, FL 34981 US
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DO NOT WRITE IN THIS SPACE

40000775


01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2520013	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**CROUSE, DEBORAH
3192 W. MIDWAY ROAD
FT. PIERCE, FL 34981**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Deborah A. Crouse* DATE 1/6/05

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAOLELLA, JOSEPH 419 MAIN STREET CROMWELL, CT 06416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASSELLA, RICHARD 419 MAIN ST CROMWELL, CT 06416
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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah A. Crouse (DIRECTOR)* DATE 1/6/05 DAYTIME PHONE # 772-465-0410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR