

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H53222

FILED
Apr 11, 2006
Secretary of State

Entity Name: LIFELINE MEDICAL SERVICES, INC.

Current Principal Place of Business:

3192 W. MIDWAY ROAD
FT. PIERCE, FL 34981 US

New Principal Place of Business:

Current Mailing Address:

3192 W. MIDWAY ROAD
FT. PIERCE, FL 34981 US

New Mailing Address:

FEI Number: 59-2520013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: DEBORAH A. CROUSE

04/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAOLELLA, JOSEPH
Address: 419 MAIN STREET
City-St-Zip: CROMWELL, CT 06416

Title: S () Delete
Name: CASSELLA, RICHARD
Address: 419 MAIN ST
City-St-Zip: CROMWELL, CT 06416

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: DEBORAH A. CROUSE

DIR.

04/11/2006

Electronic Signature of Signing Officer or Director

Date