2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 29, 2007
Secretary of State

DOCUMENT# H53222

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:

419 MAIN ST. - P.O. BOX 179
CROMWELL, CT 06416 US

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

Name and Address of New Registered Agent:

PAOLELLA, JOSEPH R
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: JOSEPH R. PAOLELLA 10/29/2007
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: P (X) Change ( ) Addition
Name: PAOLELLA, JOSEPH
Address: 419 MAIN STREET - P.O. BOX 179
City-St-Zip: CROMWELL, CT 06416

Title: S (X) Change ( ) Addition
Name: CASSELLA, RICHARD
Address: 419 MAIN ST - P.O. BOX 179
City-St-Zip: CROMWELL, CT 06416

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH R. PAOLELLA PRES 10/29/2007
Electronic Signature of Signing Officer or Director Date