

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90707 001 \*\*\*300.00

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # P03000113747</b><br>1. Entity Name<br><b>LIFELINE HEALTHCARE SERVICES OF TAMPA, INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>3731 SW 47 AVENUE<br/>SUITE 405<br/>DAVIE, FL 33314 US</b>  |  |   | Mailing Address<br><b>3731 SW 47 AVENUE<br/>SUITE 405<br/>DAVIE, FL 33314 US</b>  |  |  |
| 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<br><b>20-0307474</b>                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent   |  |  |
| <b>LINDGREN, WENDY<br/>3731 SW 47 AVENUE<br/>SUITE 405<br/>DAVIE, FL, FL 33314</b>  |  |   | Name <b>Donna Poulsen</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3731 SW 47 Ave, #405</b><br>City <b>Davie</b> <b>FL</b> Zip Code <b>33314</b> |  |  |
| 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.<br>SIGNATURE <u><i>Donna M. Poulsen, Donna M. Poulsen</i></u> <b>4-10-04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE   | D <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  | VERBAL, BETTY J                              | NAME  |   |  |  |
| STREET ADDRESS  | 18711 NW 77 CT                               | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33015                              | CITY-ST-ZIP   |   |  |  |
| TITLE   | D <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  | LINDGREN, WENDY                              | NAME  |   |  |  |
| STREET ADDRESS  | 633 NE 2ND PLACE                             | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP   | DANIA, FL 33004                              | CITY-ST-ZIP   |   |  |  |
| TITLE   | D <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  | POULSEN, DONNA                               | NAME  |   |  |  |
| STREET ADDRESS  | 5494 NW 66 AVENUE                            | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP   | CORAL SPRINGS, FL 33067                      | CITY-ST-ZIP   |   |  |  |
| TITLE   | D <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  | SANCHEZ, ALFREDO                             | NAME  |   |  |  |
| STREET ADDRESS  | 12220 SW 94 STREET                           | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33186                              | CITY-ST-ZIP   |   |  |  |
| TITLE   | D <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  | MOSCATO, JOSEPH L                            | NAME  |   |  |  |
| STREET ADDRESS  | 3122 HUDSON POND LANE                        | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP   | MARIETTA, GA 30062                           | CITY-ST-ZIP   |   |  |  |
| TITLE   | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  |  | NAME  |   |  |  |
| STREET ADDRESS  |  | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |   |  |  |
| 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. |  |   |   |  |  |
| <b>SIGNATURE:</b> <u><i>Donna M. Poulsen, Donna M. Poulsen</i></u> <b>4-10-04</b> <b>954-689-8377</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |  |  |