

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113747

FILED
Mar 23, 2005
Secretary of State

Entity Name: LIFELINE HEALTHCARE SERVICES OF TAMPA, INC.

Current Principal Place of Business:

3731 SW 47 AVENUE
SUITE 405
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

3731 SW 47 AVENUE
SUITE 405
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 20-0307474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POULSEN, DONNA
3731 SW 47 AVENUE
SUITE 405
DAVIE, FL, FL 33314 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VERBAL, BETTY J
Address: 18711 NW 77 CT
City-St-Zip: MIAMI, FL 33015 US

Title: D () Delete
Name: LINDGREN, WENDY
Address: 633 NE 2ND PLACE
City-St-Zip: DANIA, FL 33004 US

Title: D () Delete
Name: POULSEN, DONNA
Address: 5494 NW 66 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: D (X) Delete
Name: SANCHEZ, ALFREDO
Address: 12220 SW 94 STREET
City-St-Zip: MIAMI, FL 33186 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VERBAL, BETTY J
Address: 3731 SW 47 AVE SUITE 405
City-St-Zip: DAVIE, FL 33314 US

Title: D (X) Change () Addition
Name: POULSEN, DONNA M
Address: 3731 SW 47 AVE SUITE 405
City-St-Zip: DAVIE, FL 33314 US

Title: D (X) Change () Addition
Name: SANCHEZ-FORTIS, ALFREDO DR.
Address: 3731 SW 47 AVE SUITE 405
City-St-Zip: DAVIE, FL 33314 US

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 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 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: DONNA M POULSEN

D

03/23/2005

Electronic Signature of Signing Officer or Director

Date