2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113747

FILED Apr 28, 2006 Secretary of State

Entity Name: LIFELINE HEALTHCARE SERVICES OF TAMPA, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
'31 SW 4 JITE 405	7 AVENUE				
AVIE, FL		3			
urrent Mailing Address:			New Mailing Address:		
31 SW 4 JITE 405	7 AVENUE				
AVIE, FL		3			
l Number:	20-0307474	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
ame and	Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:	
	, DONNA				
JITE 405	7 AVENUE	IS			
JITE 405 AVIE, FL, e above	7 AVENUE , FL 33314 U		e purpose of changing its registere	ed office or registered agent, or both,	
JITE 405 AVIE, FL, e above the State	7 AVENUE FL 33314 U named entity of Florida. RE:	submits this statement for the		d office or registered agent, or both,	
JITE 405 AVIE, FL, e above the State	7 AVENUE FL 33314 U named entity of Florida. RE:			od office or registered agent, or both,	
JITE 405 AVIE, FL, e above the State GNATUF	7 AVENUE FL 33314 U named entity of Florida. RE: Electron	submits this statement for the			
JITE 405 AVIE, FL, le above the State GNATUF	7 AVENUE FL 33314 U named entity of Florida. RE: Electron	submits this statement for the nic Signature of Registered Ang Trust Fund Contribution ().	ngent		
JITE 405 VIE, FL, e above the State GNATUF ction Can FFICERS e: me: dress:	FL 33314 U named entity of Florida. RE: Electrol npaign Financin	submits this statement for the nic Signature of Registered A of Trust Fund Contribution (). CTORS:) Delete TY J WE SUITE 405	ngent	Date	
JITE 405 AVIE, FL, ie above the State GNATUF ection Can e: me: dress: y-St-Zip: e:	TAVENUE FL 33314 U named entity of Florida. RE: Electron mpaign Financin S AND DIRECT VERBAL, BETTOM 3731 SW 47 A DAVIE, FL 333	submits this statement for the nic Signature of Registered A og Trust Fund Contribution (). CTORS:) Delete TY J VE SUITE 405 314 US) Delete	Agent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title:	Date ES TO OFFICERS AND DIRECTO	
JITE 405 AVIE, FL, e above the State GNATUF ction Can e: me: tress: y-St-Zip: e: me:	FL 33314 U named entity of Florida. RE: Electron npaign Financin S AND DIREC VERBAL, BETT 3731 SW 47 A' DAVIE, FL 333 D (POULSEN, DO	submits this statement for the nic Signature of Registered Ang Trust Fund Contribution (). CTORS:) Delete TY J VE SUITE 405 314 US) Delete DNNA M	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name:	Date ES TO OFFICERS AND DIRECTOR () Change () Addition	
JITE 405 AVIE, FL, e above the State GNATUF ection Can e: me: dress: y-St-Zip:	TAVENUE FL 33314 U named entity of Florida. RE: Electron mpaign Financin S AND DIRECT VERBAL, BETTOM 3731 SW 47 A DAVIE, FL 333	submits this statement for the nic Signature of Registered A of Trust Fund Contribution (). CTORS:) Delete TY J VE SUITE 405 314 US) Delete DNNA M VE SUITE 405	Agent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title:	Date ES TO OFFICERS AND DIRECTO () Change () Addition	

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:	DONNA M POULSEN	D	04/28/2006