

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000094573

FILED
Apr 19, 2012
Secretary of State

Entity Name: LIFELINE PROVIDERS INC

Current Principal Place of Business:

38 BOX LEAF CT
HOMOSASSA, FL 32226 US

New Principal Place of Business:

7109 BRAMBLEWOOD DR
PORT RICHEY, FL 34668 US

Current Mailing Address:

38 BOX LEAF CT
HOMOSASSA, FL 32226 US

New Mailing Address:

7109 BRAMBLEWOOD DR
PORT RICHEY, FL 34668 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAREY, THERESA
38 BOX LEAF CT
HOMOSASSA, FL 32226 US

Name and Address of New Registered Agent:

HOLMES, GARY
7109 BRAMBLEWOOD DR
PORT RICHEY, FL 34668 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: GARY HOLMES

04/19/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTSD
Name: HOLMES, GARY
Address: 7109 BRAMBLEWOOD DR
City-St-Zip: PORT RICHEY, FL 34668 US

I hereby 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 all other like empowered.

SIGNATURE: GARY HOLMES

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04/19/2012

Electronic Signature of Signing Officer or Director

Date