

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 AUG -1 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000013430 (2)

1. Corporation Name

LIFEFIRST, INC.

Principal Place of Business

5601 CORPORATE WAY
SUITE 102
WEST PALM BEACH FL 33402

Mailing Address

5601 CORPORATE WAY
SUITE 102
WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/23/1993
3a. Date of Last Report 03/07/1994

4. FEI Number 65-0392297
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 P.O. Box 2192

27 Suite, Apt. #, etc.

28 City & State

Jupiter, FL

29 Zip

33468

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

KENNEY, SCOTT R
17233 131 ST TERR N
JUPITER FL 33478

10. Name and Address of New Registered Agent

81 Name

Michael Emerson

82 Street Address (P.O. Box Number is Not Acceptable)

83 342 1st Street

84 City

Jupiter

FL

85 Zip Code

33458

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Michael Emerson / President Michael Emerson / President 7/27/95

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KENNEY, SCOTT R.
STREET ADDRESS P.O. BOX 2192 (NA)
CITY-ST-ZIP JUPITER FL 33468-2192

TITLE D
NAME EMERSON, MICHAEL
STREET ADDRESS P.O. BOX 2192 (NA)
CITY-ST-ZIP JUPITER FL 33468-2192

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Emerson Michael Emerson 7/27/95 407-744-9689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number