1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000016736

LIFELINE HOME SERVICES, INC.

Principal Place of Business 5118 56TH STREET NORTH STE. 103 TAMPA FL 33610 Mailing Address

5118 56TH STREET NORTH

TAMPA FL 33610

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90232 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

S. Certificate of Status Desired   Fee Require   City & State   City & Country   Zip   Country   S. This corporation owes the current year Intangible   Personal Property Tax   City & City   Personal Property Tax   City & City	3. Date Incorporated or Qualifed				
Suito, Apt. #, etc.  South, Ap					
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   S8.75 Addit Fee Required City & State   Ci					
27					
Zip   Country   Zip   Country   Zip   Country   S. This corporation was the current year integlible   Personal Property Tax   Yes   Description   Property	\$8.75 Additional Fee Required				
Added to Fe Zip Country   Zip Country   Siphic Country   Signature   Signature	\$5.00 May Be				
30 Personal Property Tax.	d Contribution Added to Fees				
9. Name and Address of Current Registered Agent  ROCHFORD, ROBERT A 5118 56TH ST. N. SUITE 103 TAMPA FL 33610  14 City FL 85 Zip Code  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 region of the corporation of the corporation submits this statement for the purpose of changing its region of the corporation of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits this statement for the purpose of changing its region of the corporation submits the corporation submits the corporation submits and					
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SUITE 103 TAMPA FL 33610  84 City FL 85 Zip Code 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 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE					
TAMPA FL 33810  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 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 registed agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and site if applicable.   (NOTE Registered Agent signature required when reinstating)   OATE					
### City ###					
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13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   17. ITILE   Change   Ch	istered ered				
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14. 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	rmation				

4. 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 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, with all other like empowered.

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/35/99 Date

813-622-7300 Dayling Phone # R2E034 (11/98)