## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

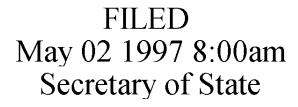
DOCUMENT # P93000024283 (2)

LIFELINE HEALTH SYSTEMS, INC.

Principal Place of Business Mailing Address

4889 NORTH DIXIE HIGHWAY

4689 NORTH DIXIE HIGHWAY





POMPANO BEACH FL 33084			POMPANO BEACH FL 33064-4744					
							3. Date Incorporated or Qualified 04/01/1993	3a. Date of Last Report 02/27/1996
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For
21			26				65-0400499	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22			27				G. Commence of Oração Desired	Fee Required
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be
Zip Country			28				Trust Fund Contribution Added to Fees	
24	<u> </u>			Country		8. This corporation has liability for intangible tax under s. 199.032,		
24]		nd Address of Curren	29 N Registered Age	nl	30		Florida Statutes 7.4 Land 10. Name and Address of New Re	Yes No
EINI	N, ROBERT F		it nogratered Age		8	Name	10. Name and Address of New Re	gistered Agent
				- Tydane				
8260 S.W. 3RD CRT. NORTH LAUDERDALE FL 33068				. 82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
HUF	אות באטטכת	DALE FL 33000			8			
					"	1		
					В	City		85 Zip Code
11 Purcuant	to the provisio	ne of Sections 607 000	2 and 607 1508 E	Iorida Ctatud	an the pho			FL   63   Zip Code
office or	registered age	nt, or both, in the State	of Florida, Such c	hange was a	es, the abo authorized b	by the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its registered   it the appointment as registered
αβοιατιο	am tamiliar with	i, and accept the obliga	ations of, Section €	07.0505, Fid	orida Statute	OS.	,	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	Signalura, typod o	printed name of registered age	est and bile if southeable	/hich	Chistoria		Quired when reinstating)	
12.	o grider of type o o	OFFICERS AND		(1401	13.	gent signaturu rec	ADDITIONS/CHANGES TO OFFIC	DATE.
TITLE	D			DELETE	1.1 TITLE	<u> </u>	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	FINN, ROB	ERT P	_		1.2 NAME			
STREET ADDRESS		TH DIXIE HIGHWAY				TADDRESS		
CITY-ST-ZIP		BEACH FL 33064			1.4 CITY -	1		
TITLE	D			DELETE	2.1 TITLE	31-711		Change Addition
NAME	WASIL, ED	WARD R		-	2.2 NAME			E should E should
STREET ADDRESS		HOUSE DRIVE				T ADDRESS		
CITY-ST-ZIP		LM BEACH FL 3340	8		2 4 CHY			•
TITLE				DELETE	31 1111	31-211		Change Addition
NAME					3.2 NAME			
STREET ADDRESS					1	T ADDRESS		
CITY-ST-ZIP					3.4. CITY			
TITLE				DELETE	4.1 TrillE	V. 211		Change Addition
NAME					4. 2 NAME			go
STREET ADDRESS						1 ADDRESS		
CITY-ST-ZIP					4.4 GHY -			
TITLE				DELETE	5.1 TITLE			Change Addition
'NAME					5.2 NAME			
STREET ADDRESS						1 ADDRESS		
CITY-ST-ZIP					54 CHY-			
TITLE				DELETE	61 IIILE			Change Addition
NAME			-	•	62 NAME			
STREET ADDRESS						I ADDRESS		
CITY-ST-ZIP					64 CTY.			

14. I do 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.