FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:52

DOCUMENT # **P93000064059 (7)**

1. Corporation Name

LIFELINE HEALTH SERVICES OF SOUTHWEST FLORIDA, I NC.

Principal Place of Business	Mailing Address
600 CLIFTY RD SOMERSET KY 42501	600 CLIFTY RD SOMERSET KY 42501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1993
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0457584 ☐ 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

9. Name and Address of Current Registered Agent

PIERCE, ROBERT A
227 S CALHOUN ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☒ Change ☐ Addition	
NAME	SELVIDGE, WILLIAM M	12 NAME		
STREET ADDRESS	RT 5	13 STREET ADDRESS	4044 WATERCREST DRIVE	
CITY-ST-ZIP	MONTICELLO KY 42633	14 CITY-ST-ZIP	LOUISVILLE, KY 40241	
TITLE	D	21 TITLE	☐ Change ☐ Addition	
NAME	LINKES, RON	22 NAME		
STREET ADDRESS	600 CLIFTY RD	23 STREET ADDRESS		
CITY-ST-ZIP	SOMERSET KY 42501	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	☒ Change ☐ Addition	
NAME	WILSON, JAMES T	32 NAME		
STREET ADDRESS	1398 HIGHWAY 790	33 STREET ADDRESS	530 Highway 790	
CITY-ST-ZIP	BRONSTON KY 42518	34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 added by attachment with an address.

SIGNATURE: James Wilson — 2/17/95 — 606-679-9100

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0457060 FN