

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 19 1997 8:00am  
Secretary of State

DOCUMENT # P93000064059 (7)

1. Corporation Name

LIFELINE HEALTH SERVICES OF SOUTHWEST FLORIDA, I  
NC.

Principal Place of Business

2665 CLEVELAND AVE  
STE 205  
FT MYERS FL 33901  
US

Mailing Address

P O BOX 938  
600 CLIFT ST  
SOMERSET KY 42502-0938  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/14/1993 3a. Date of Last Report 04/15/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME RANDASLL, JAMES  
STREET ADDRESS 2112 SUNDAY DR  
CITY-ST-ZIP SOMERSET KY

TITLE D ☐ DELETE  
NAME SNYDER, EVELYN  
STREET ADDRESS 105 NEWBERN AVE STE 310  
CITY-ST-ZIP LEHIGH ACRES FL

TITLE DP ☐ DELETE  
NAME WILSON, JAMES T  
STREET ADDRESS 530 HIGHWAY 790  
CITY-ST-ZIP BRONSTON KY

TITLE S ☐ DELETE  
NAME FRAZER, JAMES  
STREET ADDRESS 7 STONEHEDGE DR  
CITY-ST-ZIP MONTICELLO FL

TITLE VP ☐ DELETE  
NAME GIRDLER, REBECCA  
STREET ADDRESS 3350 W HWY 452  
CITY-ST-ZIP EUBANK KY

TITLE T ☐ DELETE  
NAME FRAMER, STEWARD  
STREET ADDRESS 76 WOODSEND BEND  
CITY-ST-ZIP BRONSTON KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE JAMES RANDALL ☒ Change ☐ Addition  
1.2 NAME (Rest's correct)  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE Evelyn Snyder ☒ Change ☐ Addition  
2.2 NAME 622 Margrave Street  
2.3 STREET ADDRESS Harriman, TN 37748  
2.4 CITY-ST-ZIP

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

4.1 TITLE JAMES FRAZER ☒ Change ☐ Addition  
4.2 NAME (street address is correct)  
4.3 STREET ADDRESS Monticello, KY (not FL)  
4.4 CITY-ST-ZIP

5.1 TITLE Philip Malone ☐ Change ☒ Addition  
5.2 NAME 543 Southwest 52nd Street  
5.3 STREET ADDRESS CAPE CORAL, FL. 33914  
5.4 CITY-ST-ZIP

6.1 TITLE Steward Framer ☒ Change ☐ Addition  
6.2 NAME 106 LAKE CLIFT Drive  
6.3 STREET ADDRESS Somerset KY 42503  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

*[Signature]*

9.15.97 606-679-4100

CR2E034 (4/97)