FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 JUN 18 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 CLIFTY ST
SOMERSET KY 42502-0938
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/14/1993

2. Principal Place of Business
21 13121 University Dr.
22 Suite, Apt. #, etc.
23 City & State: Ft Myers, FL
24 Zip: 33907 25 Country: USA

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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: Rigsby, Terry
82 Street Address (P.O. Box Number is Not Acceptable)
Blank, Rigsby & Meenan
83 204 South Monroe Street
84 City: Tallahassee FL 85 Zip Code: 32301

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 R Terry Rigsby 6-16-98
Signature, Type or Print Name of Individual, and Title if Applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANDALL, JAMES 2112 SUNDAY DR SOMERSET KY	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	(D) Malone, Philip 13121 University Drive Ft. Myers, FL. 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNYDER, EVELYN 622 MARGRAVE ST HARRIMAN TN	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	400002566784---7 -06/19/98--01124--009 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WILSON, JAMES T 530 HIGHWAY 790 BRONSTON KY	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	554 Hwy. 790 (not is accurate)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FRAZER, JAMES 7 STONEHEDGE DR MONTICELLO KY	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GIRDLER, REBECCA 3350 W HWY 452 EUBANK KY	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRAMER, STEWARD 106 LAKE CLIFT DR SOMERSET KY	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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 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] 6-15-98 606-679-4152
Signature, Type or Print Name of Individual, and Title if Applicable DATE Daytime Telephone Number