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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000064059**

1. Corporation Name

**LIFELINE HEALTH SERVICES OF SOUTHWEST FLORIDA, I
NC.**

Principal Place of Business

**13121 UNIVERSITY DRIVE
FT MYERS FL 33907
US**

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**RIGSBY, TERRY
BLANK, RIGSBY & MEENAN
204 SOUTH MONROE STREET
TALLAHASSEE FL 32301**

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 changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE
NAME **RANDALL, JAMES**
STREET ADDRESS **2112 SUNDAY DR**
CITY-ST-ZIP **SOMERSET KY**

TITLE D [] DELETE
NAME **SNYDER, EVELYN**
STREET ADDRESS **622 MARGRAVE ST**
CITY-ST-ZIP **HARRIMAN TN 37748**

TITLE DP [] DELETE
NAME **WILSON, JAMES T**
STREET ADDRESS **554 HIGHWAY 790**
CITY-ST-ZIP **BRONSTON KY**

TITLE S [] DELETE
NAME **FRAZER, JAMES**
STREET ADDRESS **7 STONEHEDGE DR**
CITY-ST-ZIP **MONTICELLO KY**

TITLE D [] DELETE
NAME **MALONE, PHILIP**
STREET ADDRESS **13121 UNIVERSITY DRIVE**
CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE T [] DELETE
NAME **FRAMER, STEWARD**
STREET ADDRESS **108 LAKE CLIFT DR**
CITY-ST-ZIP **SOMERSET KY**

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Director
Dr. Richard Weddle
208 College
Somerset, Ky 42501

100002820491--4
-03/26/99--01104--013

****900.00 ****150.00
[] Change [] Addition

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Y15/99

606-679-4180

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