

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064059

1. Entity Name

LIFELINE HEALTH SERVICES OF SOUTHWEST FLORIDA, I

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90044 018 ***150.00

Principal Place of Business

Mailing Address

13121 UNIVERSITY DRIVE
FT MYERS FL 33907
US

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4300 Kings Hwy.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Ste. B37

City & State
Charlotte Harbor, FL

City & State

4. FEI Number

65-0457584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Dr. Richard H. Weddle
208 College
Somerset, KY 42501 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SNYDER, EVELYN
622 MARGRAVE ST
HARRIMAN TN 37748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
206 Willow Drive
Kingston, TN 37763 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MALONE, PHILIP
13121 UNIVERSITY DRIVE
FT. MYERS FL 33907 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FRAMER, STEWARD
106 LAKE CLIFT DR
SOMERSET KY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

JAMES M. FRAZER

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-606-679-4100