

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90175 027 \*\*\*150.00

**DOCUMENT # P93000064059**

1. Entity Name

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

Principal Place of Business

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

Mailing Address

**600 CLIFTY STREET  
 SOMERSET KY 42503  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3920 Bee Ridge Rd.**

3. Mailing Address

Suite, Apt. #, etc.

**Bldg. # Suite M**

**Sarasota FL**

**34233**

**USA**

6. Name and Address of Current Registered Agent

**RIGSBY, R T**

**647 N. GADSDEN STREET  
 TALLAHASSEE FL 32303-0313**

4. FEI Number

**65-0457584**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
 Fee Required**

7. Name and Address of New Registered Agent

Name

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

**215 S. Monroe Street # 440**

City

**Tallahassee**

FL

Zip Code

**32301**

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, 2002 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

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 **Chairman of the Board** ☐ Delete  
 NAME **WILSON, JAMES T**  
 STREET ADDRESS **554 HIGHWAY 790**  
 CITY-ST-ZIP **BRONSTON KY**

TITLE **President** ☐ 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 **106 LAKE CLIFT DR**  
 CITY-ST-ZIP **SOMERSET KY**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 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** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7/8/02**

Daytime Phone #

**606.679.4100**

CR2E034 (9/01)