

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR - 3 PM 5: 53

DOCUMENT # **P94000080054 (7)**

1. Corporation Name  
**LIFELINE HEALTH, INC.**

Principal Place of Business <b>10333 SEMNOLE BLVD. SUITE 6 LARGO FL 33648</b>	Mailing Address <b>10333 SEMNOLE BLVD. SUITE 6 LARGO FL 33648</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/31/1994</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>7235 BRYAN DAIRY RD</b>	2a. Mailing Address 26 <b>7235 BRYAN DAIRY RD</b>	4. FEI Number <b>59-3281769</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State <b>LARGO FL</b>	28 City & State <b>LARGO FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>34647</b>	29 Country	30 Zip <b>34647</b>	30 Country
24 Country		29 Country	

9. Name and Address of Current Registered Agent <b>HARWOOD, KEVIN 10333 SEMNOLE BLVD. SUITE 6 LARGO FL 33648</b>		10. Name and Address of New Registered Agent			
		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>7235 BRYAN DAIRY RD</b>		
		83			
		84 City	<b>LARGO</b>	85 State	<b>FL</b>
				86 Zip Code	<b>34647</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLSON, THOMAS J</b>	1.2 NAME	
STREET ADDRESS	<b>10333 SEMNOLE BLVD., SUITE 6</b>	1.3 STREET ADDRESS	<b>7235 BRYAN DAIRY RD</b>
CITY, ST, ZIP	<b>LARGO FL 34648</b>	1.4 CITY, ST, ZIP	<b>LARGO FL 34647</b>
TITLE	<b>DVST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNAUS, RONALD L</b>	2.2 NAME	
STREET ADDRESS	<b>10333 SEMNOLE BLVD., SUITE 6</b>	2.3 STREET ADDRESS	<b>7235 BRYAN DAIRY RD</b>
CITY, ST, ZIP	<b>LARGO FL 34648</b>	2.4 CITY, ST, ZIP	<b>LARGO FL 34647</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Kevin Harwood CFO **3/24/95** **813-541-2999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR