

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90089 025 ***150.00

DOCUMENT # P96000068243

1. Entity Name

LIFELINE HEALTH CARE OF SOUTH FLORIDA, INC.

Principal Place of Business

92300 OVERSEAS HWY
TAVERNIER FL 33070
US

Mailing Address

600 CLIFTY ST
~~P O BOX 338~~
SOMERSET KY 42502-0938
US

C0023476



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same as above

3. Mailing Address

600 CLIFTY Street

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

31-1564165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIGSBY, R. TERRY

204 SOUTH MONROE STREET
TALLAHASSEE FL 32304

Change of address ->

7. Name and Address of New Registered Agent

Name

Same

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

817 North Gadsden Street

City Tallahassee

FL

Zip Code 32303-6313

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, 2001 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
NAME WILSON, JAMES T
STREET ADDRESS 554 HWY 790
CITY-ST-ZIP BRONSTON KY 42518 ☐ Delete

TITLE D
NAME FRAMER, STEWARD
STREET ADDRESS 106 LAKE LIFT DR
CITY-ST-ZIP SOMERSET KE 42567 ☐ Delete

TITLE D
NAME FRAZER, JAMES M
STREET ADDRESS 7 STONEHEDGE DRIVE
CITY-ST-ZIP MONTICELLO KY 42633 ☐ Delete

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

TITLE D
NAME SNYDER, EVELYN
STREET ADDRESS 206 WILLOW DRIVE
CITY-ST-ZIP KINGSTON TN 37763 ☐ Delete

TITLE D
NAME WEDDLE, RICHARD DR.
STREET ADDRESS 208 COLLEGE
CITY-ST-ZIP SOMERSET KY 42501 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. FRAZER

4/4/01

Date

606.679.4100

Daytime Phone #

CR2E034 (10/00)