

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2002 90175 029 ***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
 SOMERSET KY 42502-0938
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

RIGSBY, R. TERRY

-818 N GARDEN STREET

TALLAHASSEE FL 32303-6313

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/Chairman of the Board** ☐ Delete
 NAME **WILSON, JAMES T**
 STREET ADDRESS **554 HWY 790**
 CITY-ST-ZIP **BRONSTON KY 42518**

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **DR. JAMES M. FRAZER**
 STREET ADDRESS **7 Stonehedge Drive**
 CITY-ST-ZIP **Monticello KY 42633**

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

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Frazer

Date

4/8/02

Daytime Phone #

6066794100

CR2E034 (9/01)