2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# P96000068243

Entity Name: LIFELINE HEALTH CARE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

92300 OVERSEAS HWY
TAVERNIER, FL 33070 US

New Principal Place of Business:

99198 OVERSEAS HWY.
7
KEY LARGO, FL 33037 US

Current Mailing Address:

600 CLIFTY ST
SOMERSET, KY 42503 US

New Mailing Address:

FEI Number: 31-1564165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W BOY SCOUT BOULEVARD, 10TH FLOOR
TAMPA, FL 336075736 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CCEO ( ) Delete
Name: WILSON, JAMES T
Address: 600 CLIFTY STREET
City-St-Zip: SOMERSET, KY 42503 US

Title: DP ( ) Delete
Name: FRAZER, JAMES M
Address: 600 CLIFTY STREET
City-St-Zip: SOMERSET, KY 42503 US

Title: D (X) Delete
Name: AUSTIN, KARON
Address: PO BOX 2555
City-St-Zip: SOMERSET, KY 42503 US

Title: DST ( ) Delete
Name: WEDDLE, RICHARD DR.
Address: 600 CLIFTY STREET
City-St-Zip: SOMERSET, KY 42503

Title: D ( ) Delete
Name: SINCLAIR, KEITH G
Address: 600 CLIFTY STREET
City-St-Zip: SOMERSET, KY 42503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M FRAZER PRES 04/14/2005

Electronic Signature of Signing Officer or Director — Date