

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000068243

FILED  
Apr 25, 2006  
Secretary of State

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

## Current Principal Place of Business:

99198 OVERSEAS HWY.  
7  
KEY LARGO, FL 33037 US

## New Principal Place of Business:

## 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: 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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: D ( ) Change (X) Addition  
Name: RUDDEN, SHARON  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

Title: D ( ) Change (X) Addition  
Name: HURST, LAWRENCE  
Address: 10535 KING STREET  
City-St-Zip: OVERLAND PARK, KS 66214

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 FRAZER

DP

04/25/2006

Electronic Signature of Signing Officer or Director

Date