

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91065 003 \*\*\*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

**600 CLIFTY Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Somerset KY**

Zip

Country

Zip

Country

**42503**

**USA**

4. FEI Number

**31-1564165**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fees Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RIGSBY, R. TERRY  
215 S. MONROE STREET  
# 440  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CEO (Chairman, CEO)** ☐ 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 **PD** ☐ Delete  
NAME **FRAZER, JAMES M**  
STREET ADDRESS **7 STONEHEDGE DRIVE**  
CITY-ST-ZIP **MONTICELLO KY 42633** **(not a Director but President)**

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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Change ☒ Addition  
NAME **Steve Arnett**  
STREET ADDRESS **620 Market St # 300**  
CITY-ST-ZIP **Knoxville, TN 37902**

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

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

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NAME   
STREET ADDRESS   
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James M. Frazer, President + C.O.O.**

**1/3/03 606.679.4102**

Date

Daytime Phone #

CR2E034 (10/02)