

**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 <input checked="" type="checkbox"/> 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 42502-0638 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	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RIGSBY, R. TERRY 215 S. MONROE STREET # 440 TALLAHASSEE FL 32301		-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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO (Chairman, CEO) <input type="checkbox"/> Delete WILSON, JAMES T 554 HWY 790 BRONSTON KY 42518	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steve Arnett 620 Market St # 300 Knoxville, TN 37902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FRAMER, STEWARD 106 LAKE LIFT DR SOMERSET KE 42567	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete FRAZER, JAMES M. 7 STONEHEDGE DRIVE MONTICELLO KY 42633 <i>(not a Director but President)</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete RANDALL, JAMES 2112 SUNDAY DR SOMERSET KY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SNYDER, EVELYN 206 WILLOW DRIVE KINGSTON TN 37763	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WEDDLE, RICHARD DR. 208 COLLEGE SOMERSET KY 42501	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>James M. Frazer</i>		SIGNATURE REQUIRED <i>1/3/03 606 679 4102</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James M. Frazer, President + C.O.O.		Date Daytime Phone #	

CR2E034 (10/02)