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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000082013

1. Corporation Name  
LIFELINE HEALTH CARE OF CENTRAL FLORIDA, INC.

Principal Place of Business

P.O. BOX 938  
SOMERSET KY 42502-0938

Mailing Address

P.O. BOX 938  
SOMERSET KY 42502-0938

2. Principal Place of Business

21 also add to address:

22 600 CLIFTY Street  
City & State

23 Zip Country

24 25

2a. Mailing Address

26 also add to address:

27 600 CLIFTY Street  
City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RIGSBY, R T  
204 SOUTH MONROE STREET  
TALLAHASSEE FL 323.0-1

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCOD [ ] DELETE

NAME WILSON, JAMES T

STREET ADDRESS 554 HWY 790

CITY-ST-ZIP BRONSTON KY 42518-0938

TITLE D [ ] DELETE

NAME MALONE, PHILIP

STREET ADDRESS 13121 UNIVERSITY DRIVE

CITY-ST-ZIP FT MYERS FL 33907

TITLE DS [ ] DELETE

NAME FRAZER, JAMES M

STREET ADDRESS 7 STONEHEDGE DRIVE

CITY-ST-ZIP MONTICELLO KY 42633

TITLE D [ ] DELETE

NAME SNYDER, EVELYN

STREET ADDRESS 622 MARGRAVE ST

CITY-ST-ZIP HARRIMAN TN

TITLE D [ ] DELETE

NAME RANDALL, JAMES

STREET ADDRESS 2112 SUNDAY DRIVE

CITY-ST-ZIP SOMERSET KY

TITLE DT [ ] DELETE

NAME FRAMER, STEWARD

STREET ADDRESS 106 LAKE CLIFT DRIVE

CITY-ST-ZIP SOMERSET KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Director [ ] Change [X] Addition

12 NAME Dr. Richard Weddle

13 STREET ADDRESS 208 College

14 CITY-ST-ZIP Somerset, Ky 42501

21 TITLE 600002820486-13

22 NAME -03/26/99-01104-013

23 STREET ADDRESS \*\*\*\*900.00 \*\*\*\*150.00

24 CITY-ST-ZIP [ ] Change [ ] Addition

31 TITLE [ ] Change [ ] Addition

32 NAME [ ] Change [ ] Addition

33 STREET ADDRESS [ ] Change [ ] Addition

34 CITY-ST-ZIP [ ] Change [ ] Addition

41 TITLE [ ] Change [ ] Addition

42 NAME [ ] Change [ ] Addition

43 STREET ADDRESS [ ] Change [ ] Addition

44 CITY-ST-ZIP [ ] Change [ ] Addition

51 TITLE [ ] Change [ ] Addition

52 NAME [ ] Change [ ] Addition

53 STREET ADDRESS [ ] Change [ ] Addition

54 CITY-ST-ZIP [ ] Change [ ] Addition

61 TITLE [ ] Change [ ] Addition

62 NAME [ ] Change [ ] Addition

63 STREET ADDRESS [ ] Change [ ] Addition

64 CITY-ST-ZIP [ ] Change [ ] Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 606.679.4100