

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082013

1. Entity Name

LIFELINE HEALTH CARE OF CENTRAL FLORIDA, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90015 046 ***150.00

Principal Place of Business

Mailing Address

600 CLIFTY STREET
SOMERSET KY 42502

P.O. BOX 938
SOMERSET KY 42502-0938

2. Principal Place of Business

1229 Lakeland Hills Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Zip

33805

County

Polk

Country

4. FEI Number

31-1567966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PCOD
NAME: WILSON, JAMES T
STREET ADDRESS: 554 HWY 790
CITY-ST-ZIP: BRONSTON KY 42518-0938 ☐ Delete

TITLE: D
NAME: MALONE, PHILIP
STREET ADDRESS: 13121 UNIVERSITY DRIVE
CITY-ST-ZIP: FT MYERS FL 33907 ☒ Delete

TITLE: DS
NAME: FRAZER, JAMES M
STREET ADDRESS: 7 STONEHEDGE DRIVE
CITY-ST-ZIP: MONTICELLO KY 42633 ☐ Delete

TITLE: D
NAME: SNYDER, EVELYN
STREET ADDRESS: 622 MARGRAVE ST
CITY-ST-ZIP: HARRIMAN TN ☐ Delete

TITLE: D
NAME: RANDALL, JAMES
STREET ADDRESS: 2112 SUNDAY DRIVE
CITY-ST-ZIP: SOMERSET KY ☐ Delete

TITLE: DT
NAME: FRAMER, STEWARD
STREET ADDRESS: 106 LAKE CLIFT DRIVE
CITY-ST-ZIP: SOMERSET KY ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Director
NAME: Dr. Richard H. Weddle
STREET ADDRESS: 208 College
CITY-ST-ZIP: Somerset, Ky 42501 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

TITLE: ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

13. 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 11 or Block 12 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

JAMES M. FRAZER

Date

Daytime Phone #

1-606-679-4100

CR2E034 (9/99)