

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90089 026 ***150.00

DOCUMENT # P97000082013

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

Principal Place of Business

**1229 LAKELAND HILLS BLVD
 LAKELAND FL 33805**

Mailing Address

**P.O. BOX 938
 SOMERSET KY 45202-0938**

C0023475



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

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 32301~~**

7. Name and Address of New Registered Agent

Name

R. Terry Riggsby

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

817 N. Gadsden Street

City

Tallahassee

FL

Zip Code

32303-

6313

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **D** ☐ Delete
 NAME **WEDDLE, RICHARD H DR.**
 STREET ADDRESS **208 COLLEGE**
 CITY-ST-ZIP **SOMERSET KY 42501**

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

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

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

TITLE **D** ☐ Delete
 NAME **SNYDER, EVELYN**
 STREET ADDRESS **206 WILLOW DRIVE**
 CITY-ST-ZIP **KINGSTON TN 37763**

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

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

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

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

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

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01

Date

Daytime Phone #

606-679-4100

CR2E034 (10/00)