

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90107 037 ***150.00

DOCUMENT # P97000082013

1. Entity Name

LIFELINE HEALTH CARE OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

**1229 LAKELAND HILLS BLVD
 LAKELAND FL 33805**

**600 CLIFTY SYREET
 SOMERSET KY 42503**

2. Principal Place of Business

101 W. Main Street

3. Mailing Address

Suite, Apt. #, etc.

Suite #100

City & State

Lakeland, FL

Zip

33815

Country

USA

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

817 N GADSDEN STREET

TALLAHASSEE FL 32303-6313

7. Name and Address of New Registered Agent

Name

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

255 S. Monroe Street #440

City

Tallahassee

FL

Zip Code

32301

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, 2002 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	<input type="checkbox"/> Delete
NAME	WILSON, JAMES T	
STREET ADDRESS	554 HWY 790	
CITY-ST-ZIP	BRONSTON KY 42518-0938	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEDDLE, RICHARD H DR.	
STREET ADDRESS	208 COLLEGE	
CITY-ST-ZIP	SOMERSET KY 42501	
TITLE	DS/President	<input type="checkbox"/> Delete
NAME	FRAZER, JAMES M	
STREET ADDRESS	7 STONEHEDGE DRIVE	
CITY-ST-ZIP	MONTICELLO KY 42633	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, EVELYN	
STREET ADDRESS	206 WILLOW DRIVE	
CITY-ST-ZIP	KINGSTON TN 37763	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANDALL, JAMES	
STREET ADDRESS	2112 SUNDAY DRIVE	
CITY-ST-ZIP	SOMERSET KY	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FRAMER, STEWARD	
STREET ADDRESS	106 LAKE CLIFT DRIVE	
CITY-ST-ZIP	SOMERSET KY	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/8/02

Date

606-679-4100

Daytime Phone #

CR2E034 (9/01)