

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082013

FILED
Mar 15, 2004
Secretary of State

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

Current Principal Place of Business:

101 W MAIN STREET
SUITE 100
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

600 CLIFTY SYREET
SOMERSET, KY 42503

New Mailing Address:

600 CLIFTY STREET
SOMERSET, KY 42503

FEI Number: 31-1567966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIGSBY, R T
215 S MONROE STREET
#440
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCOD () Delete
Name: WILSON, JAMES T
Address: 554 HWY 790
City-St-Zip: BRONSTON, KY 425180938

Title: D () Delete
Name: WEDDLE, RICHARD H DR.
Address: 208 COLLEGE
City-St-Zip: SOMERSET, KY 42501

Title: P () Delete
Name: FRAZER, JAMES M
Address: 7 STONEHEDGE DRIVE
City-St-Zip: MONTICELLO, KY 42633

Title: D () Delete
Name: AMETT, STEVE
Address: 620 MARKET ST., #300
City-St-Zip: KNOXVILLE, TN 37902

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SINCLAIR, KEITH G DR.
Address: 600 CLIFTY STREET
City-St-Zip: SOMERSET, KY 42503

Title: D () Change (X) Addition
Name: AUSTIN, KARON
Address: 600 CLIFTY STREET
City-St-Zip: SOMERSET, KY 42503

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES FRAZER

PD

03/15/2004

Electronic Signature of Signing Officer or Director

Date