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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000100824

1. Corporation Name

LIFELINE HEALTH CARE OF NORTH 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 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RIGSBY, R. TERRY  
204 S. MONROE ST.  
TALLAHASSEE FL 32301

81 Name

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

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1998

4. FFI Number

59-3551233

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax

[ ] Yes [ ] No

10. Name and Address of New Registered Agent

SIGNATURE

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

(NOTE: Registered Agent signature required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [ ] DELETE

NAME WILSON, JAMES T

STREET ADDRESS 554 HWY. 790

CITY-ST-ZIP BRONSTON KY 42518

TITLE D [ ] DELETE

NAME FRAMER, STEWART A

STREET ADDRESS 106 LAKE CLIFF DR.

CITY-ST-ZIP SOMERSET KY 42503

TITLE D [ ] DELETE

NAME FRAZER, JAMES M

STREET ADDRESS 7 STONEHEDGE DR.

CITY-ST-ZIP MONTICELLO KY 42633

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Dr. Richard Weddle [ ] Change [X] Addition

12 NAME 208 College

13 STREET ADDRESS Somerset, Ky 42501 [ ] Change [X] Addition

14 CITY-ST-ZIP D

15 NAME Philip Malone [ ] Change [X] Addition

16 STREET ADDRESS 13121 University Dr.

17 CITY-ST-ZIP Ft. Myers, FL 33907 [ ] Change [X] Addition

18 NAME D

19 STREET ADDRESS Evelyn Snyder

20 CITY-ST-ZIP 622 Margrave Street [ ] Change [X] Addition

21 NAME Harriman, TN 37748

22 STREET ADDRESS D

23 CITY-ST-ZIP James Randall

24 NAME 2112 Sunday Drive [ ] Change [ ] Addition

25 STREET ADDRESS Somerset, Ky

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

27 NAME

28 STREET ADDRESS

29 CITY-ST-ZIP

30 NAME

31 STREET ADDRESS

32 CITY-ST-ZIP

33 NAME

34 STREET ADDRESS

35 CITY-ST-ZIP

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

James M. Frazer

4/21/99

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679-4100

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