

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100824

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

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

02-20-2001 90089 024 ***150.00

Principal Place of Business

Mailing Address

1 BANYAN PASS
OCALA FL 34472

~~P.O. BOX 535~~
SOMERSET KY 42502-0938

C0023477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3551233

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name *None*
Street Address / P.O. Box Number *817 N. Gadsden Street*
City *Tallahassee* FL *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 ☐ Delete
NAME D
STREET ADDRESS RANDALL, JAMES
CITY-ST-ZIP 2112 SUNDAY DRIVE
SOMERSET KY 42501

TITLE ☐ Change ☒ Addition
NAME President/CEO/Chairman
STREET ADDRESS James T. Wilson
CITY-ST-ZIP 600 CLIFTY Street
SOMERSET, KY 42503

TITLE ☐ Delete
NAME D
STREET ADDRESS FRAMER, STEWART A
CITY-ST-ZIP 106 LAKE CLIFF DR.
SOMERSET KY 42503

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

TITLE ☐ Delete
NAME D
STREET ADDRESS FRAZER, JAMES M
CITY-ST-ZIP 7 STONEHEDGE DR.
MONTICELLO KY 42633

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)