

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90004 046 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000100824 ✓
1. Entity Name
Lifeline Health Care of North Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Banyan Pass
Suite, Apt. #, etc.

3. Mailing Address
600 CLIFTY Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ocala Florida
Zip
34472
Country
USA

City & State
Somerset KY
Zip
42503
Country
USA

4. FEI Number
59-3551233
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
T. Riggsby
Street Address (P.O. Box Number is Not Acceptable)
2155 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 resigning)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman of the board/CEO
James T. Wilson
554 Hwy. 790
Bronston, Ky 42518

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Dr. Richard Weddle
208 College
Somerset KY 42501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director/Secretary/President
James M. Frazier
7 Stonehedge Drive
Mentice, KY 42633

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
James Randall
2112 Sunday Drive
Somerset KY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director/Treasurer
Steward Framer
106 Lake Clifty Drive
Somerset, KY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X James M. Frazier
Typed or printed name of signing officer or director

Date 2/12/02 Daytime Phone # 606-679-4100

CR2E0348 (12/01)

Attachment



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 15, 2002

LIFELINE HEALTH CARE OF NORTH FLORIDA, INC.
600 CLIFTY STREET
SOMERSET, KY 42503

SUBJECT: LIFELINE HEALTH CARE OF NORTH FLORIDA, INC.
Ref. Number: P98000100824

675753

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 488-9000.

Division of Corporations

Letter Number: 002A00043452



Attachment

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 17, 2002

LIFELINE HEALTH CARE OF NORTH FLORIDA, INC.
600 CLIFTY STREET
LYNCHBURG, VA 24503

Subject: **LIFELINE HEALTH CARE OF NORTH FLORIDA, INC.**

Reference Number: **P98000100824**

675753

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JG

ANNUAL REPORTS SECTION