2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000013700 LIFELINE HEALTHCARE SERVICES, INC. Mailing Address Principal Place of Business 12203 N.W. 35 ST. 12203 N.W. 35 ST. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-2509 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Country

FILE NOW!!! FEE IS \$150.00

12.

TITLE

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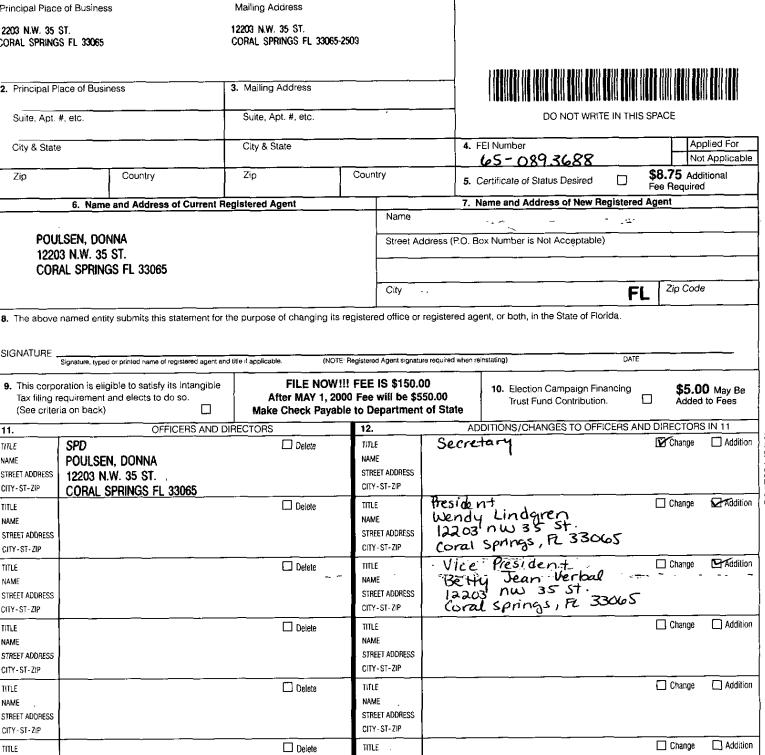
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City

FILED May 05, 2000 8:00 am Secretary of State

05-05-2000 90080 026 ***150.00



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 ith an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

City & State

POULSEN, DONNA

12203 N.W. 35 ST. **CORAL SPRINGS FL 33065**

9. This corporation is eligible to satisfy its Intangible

POULSEN, DONNA

12203 N.W. 35 ST.

CORAL SPRINGS FL 33065

Tax filing requirement and elects to do so.

(See criteria on back)

SPD

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

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