

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90326 028 ***150.00

DOCUMENT # P99000013700

1. Entity Name

LIFELINE HEALTHCARE SERVICES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

4020 N. 30 Avenue

Suite, Apt. #, etc.

3. Mailing Address

4020 N. 30 Avenue

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33020

Country

USA

City & State

Hollywood FL

Zip

33020

Country

USA

4. FEI Number

65-0893688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POULSEN, DONNA
12203 N.W. 35 ST.
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name

Donna Poulsen

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

4020 N. 30 Avenue

City

Hollywood

FL

Zip Code

33020

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

Donna M. Poulsen

Donna M. Poulsen

4-12-01

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **POULSEN, DONNA**
CITY-ST-ZIP **12203 N.W. 35 ST.
CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **LINDGREN, WENDY**
CITY-ST-ZIP **12203 NW 35ST
CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **VERBAL, BETTY J**
CITY-ST-ZIP **12203 NW 35ST
CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **Poulsen, Donna**
CITY-ST-ZIP **4020 N. 30 Avenue
Hollywood, FL 33020** (Address)

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Lindgren, Wendy**
CITY-ST-ZIP **4020 N. 30 Avenue
Hollywood, FL 33020** (Address)

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **Verbal, Betty J.**
CITY-ST-ZIP **4020 N. 30 Avenue
Hollywood, FL 33020** (Address)

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

TITLE ☐ Change ☐ Addition
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:

Donna M. Poulsen, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

Date

954-341-8725

Daytime Phone #

CR2E034 (10/00)

0130118