

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90707 001 \*\*\*300.00

**DOCUMENT # P99000013700**

1. Entity Name  
**LIFELINE HEALTHCARE SERVICES, INC.**



Principal Place of Business

**3731 S.W. 47 AVENUE  
SUITE 405  
DAVIE, FL 33314**

Mailing Address

**3731 S.W. 47 AVENUE  
SUITE 405  
DAVIE, FL 33314**

**66414004**



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0893688**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**POULSEN, DONNA  
3731 S.W. 47 AVENUE  
SUITE 405  
DAVIE, FL 33314**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Donna M. Poulsen*  
**Donna M. Poulsen**

**4-10-04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	POULSEN, DONNA
STREET ADDRESS	3731 S.W. 47 AVENUE, #405
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	SD
NAME	LINDGREN, WENDY
STREET ADDRESS	3731 S.W. 47 AVE., #405
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	PD
NAME	VERBAL, BETTY J
STREET ADDRESS	3731 S.W. 47 AVE., #405
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	VP
NAME	SANCHEZ-FORTIS, M.D., ALFREDO
STREET ADDRESS	3731 S.W. 47 AVE., #405
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Donna M. Poulsen*  
**Donna M. Poulsen**

**4-10-04**

**954-689-8377**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #