

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013700

FILED
Mar 25, 2010
Secretary of State

Entity Name: LIFELINE HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

4960 S.W. 52ND ST., #407-408
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

C/O FLORIDA DIALYSIS INSTITUTE HOME PROGRA
9999 N.E. 2ND AVE., #116
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 65-0893688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POULSEN, DONNA
3601 WEST COMMERCIAL BLVD
SUITE 35-36
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

SANCHE-FORTIS, ALFREDO
9999 NE SECOND AVENUE
SUITE 119
MIAMI SHORES, FL 33138 US

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: ALFREDO SANCHEZ-FORTIS

03/25/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: SANCHEZ-FORTIS, ALFREDO
Address: 4960 SW 52ND STREET, # 407-408
City-St-Zip: DAVIE, FL 33314 US

Title: STD
Name: SAVAGE, VERA
Address: 4960 SW 52ND STREET, # 407-408
City-St-Zip: DAVIE, FL 33314 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALFREDO SANCHEZ-FORTIS

PD

03/25/2010

Electronic Signature of Signing Officer or Director

Date