2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 03, 2010
Secretary of State

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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:

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

FEI Number: 65-0893688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: MGR
Name: PEREZ, BETSY
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 11/03/2010

Electronic Signature of Signing Officer or Director — Date