

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000013700

**FILED**  
**Jan 09, 2012**  
**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:**

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

**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:**

SANCHEZ-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

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date