

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V64724** (0)
1. Corporation Name
LIFELINE HEALTH CARE OF SOUTHWEST FLORIDA, INC.



Principal Place of Business 2665 CLEVELAND AVENUE 201 FT. MYERS FL 33901 US	Mailing Address P.O. BOX 938 800 CLIFTY STREET SOMERSET KY 42502-0938 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1992	3a. Date of Last Report 04/15/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0368608	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PIERCE, ROBERT A.
227 S CALHOUN ST
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	James FRAZER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDALL, JAMES	1.2 NAME	7 Stonehedge Drive
STREET ADDRESS	2112 SUNDAY DRIVE	1.3 STREET ADDRESS	Monticello, KY.
CITY-ST-ZIP	SOMERSET KY	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Evelyn Snyder <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, EVELYN	2.2 NAME	622 Margrave Street
STREET ADDRESS	105 NEWBERN DRIVE #310	2.3 STREET ADDRESS	Harriman, Tennessee 37748
CITY-ST-ZIP	LEIGH ACRES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	James Wilson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JAMES T	3.2 NAME	530 Hwy 790
STREET ADDRESS	1398 HWY 790	3.3 STREET ADDRESS	Bronston, KY
CITY-ST-ZIP	BRONSTON KY	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	Steward Framer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAMER, STEWARD	4.2 NAME	106 LAKE CLIFT Drive
STREET ADDRESS	76 WOODSEN BEND	4.3 STREET ADDRESS	Somerset Ky 42503
CITY-ST-ZIP	BRONSTON KY	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	Philip Malone <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIRDLER, REBECCA	5.2 NAME	543 Southwest 52nd Street
STREET ADDRESS	3350 EAST HWY 452	5.3 STREET ADDRESS	Cape Coral, FL. 33914
CITY-ST-ZIP	EUBANK KY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

9/15/97 606-679-4100

CP2E034 (4/97)