FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 18 AM 10: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V64724 (0)

1. Corporation Name
LIFELINE HEALTH CARE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2685 CLEVELAND AVENUE 201 FT. MYERS FL 33901 US	P.O. BOX 938 600 CLIFTY STREET SOMERSET KY 42502-0938 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 13121 University Dr.
Suite, Apt. #, etc: —
City & State: Ft Myers, FL
Zip: 33907 Country: USA

2a. Mailing Address: same a above
Suite, Apt. #, etc:
City:
Zip: Country:

3. Date Incorporated or Qualified: 09/17/1992
4. FEI Number: 65-0368608 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ 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
Name: Rigsby, Terry
Street Address (P.O. Box Number is Not Acceptable): Blank, Rigsby + Meenan
204 South Monroe Street
City: Tallahassee FL Zip Code: 32301

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: R. T. Rigsby (signature) DATE: 6-16-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RANDALL, JAMES	
STREET ADDRESS	2112 SUNDAY DRIVE	
CITY-ST-ZIP	SOMERSET KY	
TITLE	D	☐ DELETE
NAME	SNYDER, EVELYN	
STREET ADDRESS	622 MARGRAVE ST	
CITY-ST-ZIP	HARRIMAN TN	
TITLE	D	☐ DELETE
NAME	WILSON, JAMES T	
STREET ADDRESS	530 HWY 790	
CITY-ST-ZIP	BRONSTON KY	
TITLE	T	☐ DELETE
NAME	FRAMER, STEWARD	
STREET ADDRESS	106 LAKE CLIFT DR	
CITY-ST-ZIP	SOMERSET KY	
TITLE	VP	☒ DELETE
NAME	GIRDLER, REBECCA	
STREET ADDRESS	8350 EAST HWY 452	
CITY-ST-ZIP	EUBANK KY	
TITLE	D	☐ DELETE
NAME	FRAZER, JAMES	
STREET ADDRESS	7 STONEHEDGE DR	
CITY-ST-ZIP	MONTICELLO KY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Malone, Philip (D)	☐ Change ☒ Addition
1.2 NAME	13121 University Dr.	
1.3 STREET ADDRESS	Ft. Myers, FL. 33907	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	700002566787---7	
2.3 STREET ADDRESS	-06/19/98--01124--011	
2.4 CITY-ST-ZIP	****150.00 ****150.00	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	554 Hwy. 790	
3.4 CITY-ST-ZIP	(rest is correct)	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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) 4.15.98 606-679-4100