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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	V64724
1. Corporation Name	

LIFELINE HEALTH CARE OF SOUTHWEST FLORIDA, INC.

	-					
ı	Principal Place of	f Business	Mailing Address			
	13121 UNIVERSITY	DRIVE	P.O. BOX 938			
l	FT. MYERS FL 339	907	600 CLIFTY STREET	_		
I	US		SOMERSET KY 42502-093 US	3	DO NOT WRITE IN TH	IS SPACE
1			US		3. Date Incorporated or Qualified	
ļ		<u></u>	THE CASE OF A CASE	4	09/17/1992	1 1
ŀ	2. Principal Place	e of Business	2a. Mailing Address		4, FEI Number	Applied For
ļ	21		26		65-0368608	Not Applicable
ļ	Suite, Apt. #, e	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired []	\$8.75 Additional
I	22		27			Fee Required
ŀ	City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
ļ	23		28		Trust Fund Contribution	Added to Fees
I	Žip	Country	7 p	Country	8. This corporation owes the current year	
ļ	24	25	[29]	[30]	Personal Property Tax	[]Yes []No
ŀ		9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	d Agent
ŀ	DIGGRY	r, Terry		81 Name		
l		, RIGSBY & MEENAN		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	1.1
ł					,	
l		MONROE STREET		83		
l	IALLAH	IASSEE FL 32301		84 City		. 85 Zip Code
l	غ <u>ا</u>			64 City	F	L 85 Zip Code
Ì	11. Pursuant to the	he provisions of Sections 607.050	2 and 607.1508, Florida Statu	es, the above named co	rporation submits this statement for the purpose	of changing its registered
l	office or regis	stered agent, or both, in the State amiliar with, and accept the obliga	of Florida. Such change was a ations of Section 607 0505. Flo	iuthorized by the corpora vida Statutes	ition's board of directors. I hereby accept the app	ointment as registered
l	-	tiving and decopt the conge				
l	SIGNATURE Sign	nature, typed or printed name of registered again	nt and tide if applicable (NOTE	. Registered Agent signature requi	ine.Ewhen relistating. DATE	
İ	12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
Ì	TITLE D		[DELETE	ETTITLE	Director, and all	[Change X Addition
I	NAME R	ANDALL, JAMES		1.2 NAME	or Richard Wedalt	
I	STREET ADDRESS 2	112 SUNDAY DRIVE		13 STREET ADDRESS	pr. Richard Weddle	
I		OMERSET KY		14 CHY-\$1-ZIP	somerset, ky 4250	1
ł	TITLE D		[DELETE	2 1 TiTLE	somers a, py	[Change
İ	-	NYDER, EVELYN		2.2 NAME		
	-	22 MARGRAVE ST		235*REELADORESS	800002820	J4 (1854
l	i I	IARRIMAN TN		2.4.0/TY-S1-ZiP	-03/26/99	
١	TITLE D		[] DELETE	3 1 TITLE	****900.00	****150.00
۱		/ILSON, JAMES T	E.J & CC. 16	3.2 NAME		E Julia E Lindonois
I		54 HWY 790		•		
I	l e	RONSTON KY		3 3 STREET ADDRESS		
ŀ	TILE T	HOHOTOH KI	[] DELETE	34 CHTV-ST-ZIE		[Change [Addition
١	! - I •	DAMED CYCLIADO	[] Detelt	1		Clour i de El Madisou
		RAMER, STEWARD		4 2 NAME		
١	` a	06 LAKE CLIFT DR		4 3 STREET ADDRESS		
		OMERSET KY	Files e	4.4 CiTY-ST-ZiF		5.10 5.11
	TITLE D			51 TITLE		
	1		[] DELETE	E 0.414145		[Change [] Add-bon
	STREET ADDRESS 13	IALONE, PHILIP	Floereie	5.2 NAME		[Change
		3121 UNIVERSITY DRIVE	Florie	53 STREET ADDRESS		[]Change []Abb-bon
	CITY-ST-ZIP	3121 UNIVERSITY DRIVE T. MYERS FL 33907		53 STREET ADDRESS 54 City-St-2iP		
	CITY-ST-ZIP F	3121 UNIVERSITY DRIVE T. MYERS FL 33907	[DECETE	53 STREET ADDRESS 54 CITY ST-ZIP 61 TITLE		[Change
	CITY-ST-ZIP F	3121 UNIVERSITY DRIVE T. MYERS FL 33907		53 STREET ADDRESS 54 City-St-2iP		
	CITY-ST-ZIP FI	3121 UNIVERSITY DRIVE T. MYERS FL 33907		53 STREET ADDRESS 54 CITY ST-ZIP 61 TITLE		

14. Thereby 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 logal 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 13 if changes, on an attachment with an address, with all other like empowered.

SIGNATURE:

- Myra

15/99

606.679.410D