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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.

Principal Place of Business

**13121 UNIVERSITY DRIVE
FT. MYERS FL 33907
US**

Mailing Address

**P.O. BOX 938
600 CLIFTY STREET
SOMERSET KY 42502-0938
US**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**RIGSBY, TERRY
BLANK, RIGSBY & MEENAN
204 S. MONROE STREET
TALLAHASSEE FL 32301**

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 not stating)

DATE

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	554 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	D	[] DELETE
NAME	MALONE, PHILIP	
STREET ADDRESS	13121 UNIVERSITY DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33907	
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

Director
Dr. Richard Weddle
208 College
Somerset, Ky 42501

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****900.00 ****150.00

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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 606-679-4100

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