

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64724

1. Entity Name

LIFELINE HEALTH CARE OF SOUTHWEST FLORIDA, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90104 010 \*\*\*150.00

Principal Place of Business

Mailing Address

13121 UNIVERSITY DRIVE  
FT. MYERS FL 33907  
US

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

2. Principal Place of Business

3. Mailing Address

4300 Kings Hwy.  
Ste. B37

Suite, Apt. #, etc.

City & State  
Charlotte Harbor, FL

City & State

Zip  
33980

Country  
Charlotte

Zip

Country

4. FEI Number

65-0368608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | RANDALL, JAMES         |  |
| STREET ADDRESS | 2112 SUNDAY DRIVE      |  |
| CITY-ST-ZIP    | SOMERSET KY            |  |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | SNYDER, EVELYN         |  |
| STREET ADDRESS | 622 MARGRAVE ST        |  |
| CITY-ST-ZIP    | HARRIMAN TN            |  |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | WILSON, JAMES T        |  |
| STREET ADDRESS | 554 HWY 790            |  |
| CITY-ST-ZIP    | BRONSTON KY            |  |
| TITLE          | T                      | <input type="checkbox"/> Delete            |
| NAME           | FRAMER, STEWARD        |  |
| STREET ADDRESS | 106 LAKE CLIFT DR      |  |
| CITY-ST-ZIP    | SOMERSET KY            |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | MALONE, PHILIP         |  |
| STREET ADDRESS | 13121 UNIVERSITY DRIVE |  |
| CITY-ST-ZIP    | FT. MYERS FL 33907     |  |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | FRAZER, JAMES          |  |
| STREET ADDRESS | 7 STONEHEDGE DR        |  |
| CITY-ST-ZIP    | MONTICELLO KY          |  |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | Director              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Dr. Richard H. Weddle |  |
| STREET ADDRESS | 208 College           |  |
| CITY-ST-ZIP    | Somerset, KY 42501    |  |
| TITLE          |                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |  |
| STREET ADDRESS | 206 Willow Drive      |  |
| CITY-ST-ZIP    | Kingston, TN 37763    |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-606-679-4100

CR2E034 (9/99)