

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90089 027 \*\*\*150.00

**DOCUMENT # V64724**

1. Entity Name

**LIFELINE HEALTH CARE OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business

**4300 KINGS HWY  
 STE 837  
 CHARLOTTE HARBOR FL 33980  
 US**

Mailing Address

~~P.O. BOX 838~~  
**600 CLIFTY STREET  
 SOMERSET KY 42502-0838  
 US**

**LUU23474**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**600 CLIFTY Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Somerset KY**

4. FEI Number **65-0368608**

Applied For

Not Applicable

Zip

Country

**42503**

**USA**

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~~

*change of address →*

Name

**Larne**

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

**817 North Gadsden Street**

City

**Tallahassee**

FL

Zip Code

**32303-6313**

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, 2001 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** ☐ Delete  
 NAME **RANDALL, JAMES**  
 STREET ADDRESS **2112 SUNDAY DRIVE**  
 CITY-ST-ZIP **SOMERSET KY**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **SNYDER, EVELYN**  
 STREET ADDRESS **206 WILLOW DR**  
 CITY-ST-ZIP **KINGSTON TN 37763**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **WILSON, JAMES T**  
 STREET ADDRESS **554 HWY 790**  
 CITY-ST-ZIP **BRONSTON KY**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **FRAMER, STEWARD**  
 STREET ADDRESS **106 LAKE CLIFT DR**  
 CITY-ST-ZIP **SOMERSET KY**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **WEDDLE, RICHARD DR.**  
 STREET ADDRESS **208 COLLEGE**  
 CITY-ST-ZIP **SOMERSET KY 42501**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **FRAZER, JAMES**  
 STREET ADDRESS **7 STONEHEDGE DR**  
 CITY-ST-ZIP **MONTECELLO KY**

TITLE ☐ Change ☐ 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

**JAMES M. FRAZER**

Date

Daytime Phone #

**4/01 606.679.4100**

CR2E034 (10/00)