

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90175 030 ***150.00

DOCUMENT # V64724

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

Principal Place of Business

4300 KINGS HWY
STE B37
CHARLOTTE HARBOR FL 33980
US

Mailing Address

600 CLIFTY STREET
SOMERSET KY 42503
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3920 Bee Ridge Rd.

Suite, Apt. #, etc.

Bldg. H Suite M

City & State

Sarasota FL

Zip

34233

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

RIGSBY, TERRY

~~BLANK, RIGSBY & MEENAN~~

~~847 N GADSDEN STREET~~

~~TALLAHASSEE FL 32303~~

7. Name and Address of New Registered Agent

Name

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

215 S. Monroe Street # 440

City

Tallahassee

FL

32301

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, 2002 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

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

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

TITLE **D/Chairman of the Board** ☐ 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 **WEDDLE, RICHARD DR.**
STREET ADDRESS **208 COLLEGE**
CITY-ST-ZIP **SOMERSET KY 42501**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: ☒

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02

606-679-4100

CR2E034 (9/01)