

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91064 049 ***150.00

DOCUMENT # V64724

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



Principal Place of Business
**3920 BEE RIDGE RD
BLDG H. STE M
SARASOTA FL 34233
US**

Mailing Address
**600 CLIFTY STREET
SOMERSET KY 42503
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0368608**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RIGSBY, TERRY
215 S. MONROE STREET #440
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	D RANDALL, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2112 SUNDAY DRIVE	
CITY-ST-ZIP	SOMERSET KY	
TITLE NAME	D WILSON, JAMES T	<input type="checkbox"/> Delete
STREET ADDRESS	554 HWY 790	
CITY-ST-ZIP	BRONSTON KY	
TITLE NAME	T FRAMER, STEWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	106 LAKE CLIFT DR	
CITY-ST-ZIP	SOMERSET KY	
TITLE NAME	D WEDDLE, RICHARD DR.	<input type="checkbox"/> Delete
STREET ADDRESS	208 COLLEGE	
CITY-ST-ZIP	SOMERSET KY 42501	
TITLE NAME	D FRAZER, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	7 STONEHEDGE DR	
CITY-ST-ZIP	MONTICELLO KY	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	Steve Arnett, the trust	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Co. of Knoxville	
CITY-ST-ZIP	620 market Street # 300 (Director)	
TITLE NAME	Knoxville, TN 37902	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03 606-679-4100

Date Daytime Phone #

CR2504 (10/02)