2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032665

1. Entity Name

AMERI-PLUS PREFERRED CARE, INC.

Principal Place of Business 2536 COUNTRYSIDE BLVD. CLEARWATER FL 33763

Mailing Address

2536 COUNTRYSIDE BLVD. CLEARWATER FL 33763-1633

2. Principal Place	of Business	3. Mailing Addres	3. Mailing Address			
Suite, Apt. #, e	tc.	Suite, Apt. #, et	IC.			
City & State		City & State				
Zip	Country	Zip	Country	_		
	6. Name and Address of Cu	rrent Registered Agent	Name			
	TON, R. MAURY		Street Add	ress (P.		

FILED May 24, 2000 8:00 am Secretary of State

05-24-2000 90003 023 ***150.00

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DO NOT WRITE IN THIS SPACE

Signature provisor private rame of ingritimes agent for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is elliptible to satisfy its intangible Tax Mark MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. ORFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ORFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. SIGNATURE 14. Sagachar, treat of registered agent a	City & State			City & State		4. 1	4. FEI Number 59-3533654			Not Applicable	
THORNTON, R. MAURY 2536 COUNTRYSIDE BLVD. SIXTH FLOOR CLEARWATER FL 34623 City FL Zip Code City FL Zip Code 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 Florids. SIGNATURE Signature, there for present name of registered agent and like if applicable PFLE NOW!! FEE IS \$150.00 After MAY 1, 2005 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS STREET ADDRESS OR'N-SI-ZP TITLE PHAIGH, HERBERT STREET ADDRESS OR'N-SI-ZP CLEARWATER FL 33763 THE MAURE STREET ADDRESS OR'N-SI-ZP THORNTON, MAURY R STREET ADDRESS OR'N-SI-ZP THORNTON, MAURY R STREET ADDRESS OR'N-SI-ZP THE MAURE STREET ADDRESS OR'N-SI-ZP THE MAURE STREET ADDRESS OR'N-SI-ZP THORNTON, MAURY R STREET ADDRESS OR'N-SI-ZP THE MAIGH, HERBERT STREET ADDRESS OR'N-SI-ZP THORNTON, MAURY R STREET ADDRESS OR'N-SI-ZP THE MAIGH MAURE STREET ADDRESS OR'N-SI-ZP THORNTON, MAURY R STREET ADDRESS OR'N-SI-ZP THORNTON, MAURY R STREET ADDRESS OR'N-SI-ZP THE MAIGH MAURE STREET ADDRESS OR'N-SI-ZP THORNTON, MAURY R STREET ADDRESS OR'N-SI-ZP THE MAIGH MAURE STREET ADDRESS OR'N-SI-ZP THE MAIGH MAURE STREET ADDRESS OR'N-SI-ZP THE MAIGH MAURE STREET ADDRESS OR'N-SI-ZP THORNTON, MAURY R STREET ADDRESS OR'N-SI-ZP THORNT	Zip Country			Zip Country 5. (75 Additional		
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13. Thereby 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 this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or directions the same legal effect as if made under path; that I am an officer or directions that I am an officer or direction that I a	13. I hereby	certify that the i	nformation supplied with t	this filing does not qualify f	or the exemption stated i	in Section	119.07(3)(i), Florida Statutes. I furth	er certify the	at the in	nformation	

of the corporation or the receiver or trustee empowered to execute and that my signature shall nave the same legal effect as it 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;

Maury Thornton 3/23/00 - SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-726-0726 Date Daytime Phone #