FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 21 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **644477** **(2)**

1. Corporation Name
AMERI LIFE AND HEALTH SERVICES OF HOLIDAY, INC.

Principal Place of Business	Mailing Address
2536 COUNTRYSIDE BLVD. P. O. BOX 3677 (HOLIDAY, FL 34690) CLEARWATER FL 34623	2536 COUNTRYSIDE BLVD. P. O. BOX 3677 (HOLIDAY, FL 34690) CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/08/1979
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1952814 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GARY R. BOESCH
2536 COUNTRYSIDE BLVD.
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name: HEATHER L. DOUDNA
82 Street Address (P.O. Box Number is Not Acceptable): 2536 COUNTRYSIDE BLVD
83: SIXTH FLOOR
84 City: CLEARWATER FL 85 Zip Code: 34623

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Heather L. Doudna — HEATHER L. DOUDNA (Typed or printed name of personal agent and title if applicable) — (NOTE: Registered Agent signature required when reinstating) — DATE: 3/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BOESCH, GARY R.	1.2 NAME	NEIMAN, DAVID	
STREET ADDRESS	2536 COUNTRYSIDE BLVD.	1.3 STREET ADDRESS	2536 COUNTRYSIDE BLVD	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 34623	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	S/T	☐ Change ☒ Addition
NAME		3.2 NAME	R. MAURY THORNTON	
STREET ADDRESS		3.3 STREET ADDRESS	2536 COUNTRYSIDE BLVD	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CLEARWATER, FL 34623	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Maury Thornton — R. MAURY THORNTON — 3/10/95 — (813) 726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0356646 CP