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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 12 1996 8:00 am
Secretary of State

DOCUMENT # F70263 (1)

1. Corporation Name

AMERI LIFE AND HEALTH SERVICES OF CITRUS COUNTY,
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

2. Principal Place of Business

2a. Mailing Address

21 217 E Highland Blvd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Highland Square

27

City & State

City & State

23 Inverness, FL

28

Zip

Country

Zip

Country

24 34452

25

United States

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUDNA, HEATHER
2536 COUNTRYSIDE BLVD.
SUITE 7
CLEARWATER FL 34623

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STREET ADDRESS BAMMERLIN, RICHARD
CITY-STATE-ZIP 2536 COUNTRYSIDE BLVD.
CLEARWATER FL

TITLE ☐ DELETE

NAME ST
STREET ADDRESS THORNTON, MAURY R
CITY-STATE-ZIP 2536 COUNTRYSIDE BLVD
CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☒ Change ☐ Addition

217 E Highland Blvd., Highland Square
Inverness, FL 34452

☐ Change ☐ Addition

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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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Maury Thornton

Sec/Treas

2/6/96

(813)726-0726

Date

Daytime Phone

CR2E034 (12/95)