

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 09 1996 8:00 am
Secretary of State

DOCUMENT # **G06999** (8)

1. Corporation Name

AMERI LIFE AND HEALTH SERVICES OF CLEARWATER, IN C.

Principal Place of Business

**2536 COUNTRYSIDE BLVD.
P. O. BOX 3677 (HOLIDAY, FL 34680)
CLEARWATER FL 34623**

Mailing Address

**2536 COUNTRYSIDE BLVD.
P. O. BOX 3677 (HOLIDAY, FL 34680)
CLEARWATER FL 34623**



2. Principal Place of Business

21 **2536 Countryside Blvd**

State, Apt. #, etc.

22 **Third Floor**

City & State

23 **Clearwater, FL**

Zip

24 **34623**

Country

25 **United States**

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

11/02/1982

3a. Date of Last Report

03/21/1995

4. FEI Number

59-2231713

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DOUDNA, HEATHER
2536 COUNTRYSIDE BLVD.
CLEARWATER FL 34623**

10. Name and Address of New Registered Agent

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of the person who is the principal officer and file, if applicable.

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I, the undersigned, 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 attached sheet with an address.

SIGNATURE:

R. Maury Thornton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/Treas

2/6/96

(813)726-0726

Date

Daytime Phone

CR2E034 (12/95)