

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

APPROVED
AND
FILED

95 MAR 21 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H16802 (1)

1. Corporation Name

AMERILIFE AND HEALTH SERVICES OF LAKE COUNTY, I
NC.

Principal Place of Business

2536 COUNTRYSIDE BLVD.
P. O. BOX 3677 (HOLIDAY, FL 34690)
CLEARWATER FL 34623

Mailing Address

2536 COUNTRYSIDE BLVD.
P. O. BOX 3677 (HOLIDAY, FL 34690)
CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/14/1984

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2438058

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOESCH, GARY R.
2536 COUNTRYSIDE BLVD.
CLEARWATER FL 34623

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 607.0512 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

3/15/95

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BOESCH, GARY R.
STREET ADDRESS	2536 COUNTRYSIDE BLVD.
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	COOK, E'ORY	
1.3 STREET ADDRESS	2536 COUNTRYSIDE BLVD	
1.4 CITY-ST-ZIP	CLEARWATER, FL 34623	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/T	☐ Change ☒ Addition
3.2 NAME	R. MAURY THORNTON	
3.3 STREET ADDRESS	2536 COUNTRYSIDE BLVD	
3.4 CITY-ST-ZIP	CLEARWATER, FL 34623	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

R. MAURY THORNTON

R. MAURY THORNTON

3/14/95

(813) 726-0726

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #