

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 13 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H16802** (1)  
1. Corporation Name  
**AMERI LIFE AND HEALTH SERVICES OF LAKE COUNTY, I  
NC.**

Principal Place of Business

Mailing Address

**1107 NORTH BLVD W  
SUITE 24  
LEESBURG FL 34748  
US**

**2536 COUNTRYSIDE BLVD.  
~~P.O. BOX 1012 (PO BOX) FL 34623~~  
CLEARWATER FL 34623-1633**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/14/1984</b>	3a. Date of Last Report <b>02/09/1996</b>
21		26		4. FEI Number <b>59-2438058</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOUDNA, HEATHER  
2536 COUNTRYSIDE BLVD.  
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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>COOK, EMORY</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <b>MURPHY, JUNE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1107 N BLVD W SUITE 24</b>	1.2 NAME	<b>1107 North Blvd W, Suite 24</b>
STREET ADDRESS	<b>LEESBURG FL</b>	1.3 STREET ADDRESS	<b>Leesburg, FL 34748</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ST <b>THORNTON, MAURY R</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>2536 COUNTRYSIDE BLVD</b>	2.2 NAME	
STREET ADDRESS	<b>CLEARWATER FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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.

**R. Maury Thornton Sec/Treas 2/6/97 (813)726-0726**

CR2E034 (9/96)