

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 09 1996 8:00 am  
Secretary of State

DOCUMENT # H58222 (1)

1. Corporation Name

AMERI LIFE AND HEALTH SERVICES OF LEE COUNTY, IN  
C.

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified  
05/17/1985

3a. Date of Last Report  
03/21/1995

4. FEI Number

59-2536928

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 1943 Colonial Blvd

22 Regency Square Center

City & State

23 Ft. Myers, FL

Zip

24 33907

Country

25 United States

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PD SAGER, ROBERT	2536 COUNTRYSIDE BLVD. CLEARWATER FL	
	ST THORNTON, MAURY R	2536 COUNTRYSIDE BLVD CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
		1943 Colonial Blvd, Regency Square Center	Ft. Myers, FL 33907

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)