

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

DOCUMENT # **H63188**

(7)

1. Corporation Name

AMERI LIFE AND HEALTH SERVICES OF SARA-BAY, INC.

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

2. Principal Place of Business

21 6513 14th Street West

Suite, Apt. #, etc.

22 Suite 121 Sara-Bay Plaza

City & State

23 Bradenton, FL

Zip

24 34207

Country

25 United States

Zip

29

30

2a. Mailing Address

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

06/21/1985

3a. Date of Last Report

03/21/1995

4. FEI Number

59-2577573

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

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 607.0505, 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

NAME

PD

DELETE

1.1 TITLE

PD

Change

Addition

NAME

GUCCIARDI, THOMAS

STREET ADDRESS

2536 COUNTRYSIDE BLVD.

CITY-ST-ZIP

CLEARWATER FL

NAME

ST

DELETE

2.1 TITLE

Change

Addition

NAME

THORNTON, MAURY R

STREET ADDRESS

2536 COUNTRYSIDE BLVD

CITY-ST-ZIP

CLEARWATER FL

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3.1 TITLE

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NAME

THORNTON, MAURY R

STREET ADDRESS

2536 COUNTRYSIDE BLVD

CITY-ST-ZIP

CLEARWATER FL

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4.1 TITLE

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