

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 # J25722 (6)

1. Corporation Name:

AMERI LIFE & HEALTH SERVICES OF MARION COUNTY, INC.

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified  
07/24/1986

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

2. Principal Place of Business

21 821 NE 36th Terrace

2a. Mailing Address

Suite, Apt. #, etc.

22 Suite 12

Suite, Apt. #, etc.

City & State

23 Ocala, FL

City & State

Zip

24 34470

Country

25 United States

Zip

29

Country

30

4. FEI Number

59-2697907

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

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 filer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME ADAMS, GERALD  
STREET ADDRESS 2536 COUNTRYSIDE BLVD.  
CITY, ST, ZIP CLEARWATER FL

1.1 TITLE ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS 821 NE 36th Terrace, Suite 12  
14 CITY-ST-ZIP Ocala, FL 34470

TITLE ST ☐ DELETE  
NAME THORNTON, MAURY R  
STREET ADDRESS 2536 COUNTRYSIDE BLVD  
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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:

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)