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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

J25722

(6)

AMERI LIFE & HEALTH SERVICES OF MARION COUNTY, I

Principal Place of Business

SIGNATURE:

Mailing Address

2536 COUNTRYSIDE BLVD. P. O. BOX 3677 (HOLIDAY, FL. 34690) CLEARWATER FL. 34693

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

FILED Feb 09 1996 8:00 am Secretary of State



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Suite, Apt. #, etc. 22 Suite 12 City & State 23 Ocala, FI, Zip Country Zip	\$8.75 Additional Fee Required \$5.00 May Be
Suite 12 City & State City & State City & State Country Zip Country B. This corporation has liability for intangible Florida Statutes Yes No Nome and Address of Current Registered Agent DOUDNA, HEATHER 2536 COUNTRYSIDE BLVD CLEARWATER FL 34623 81 Name DOUDNA, HEATHER 2536 COUNTRYSIDE BLVD CLEARWATER FL 34623 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City F In Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stylic in the provisions of OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A DP DP DELETE 1.1 TITLE ADAMS, GERALD	Fee Required \$5.00 May Be
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered B1 Name	
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AT 1.1 TITLE ADAMS, GERALD 12. ADAMS, GERALD 13. ADDITIONS/CHANGES TO OFFICERS AT 1.1 TITLE 12. NAME	t as registered agent. I am
DP DELETE 1.1 TITLE ADAMS, GERALD 12 NAME	
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NAME 62 NAME	Change Addition
STREET ADDRESS 6.3 STREET ADDRESS	Change Addition
CITY+ST-ZIP 6.4 CITY+ST-ZIP	Change Addition

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 of the certific 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 attach part with an address R. Maur

R. Maury Thornton Sec/Treas 2/6/96

(813)726-0726