

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 09 1996 8:00 am  
Secretary of State

DOCUMENT # J86043 (3)

1. Corporation Name

AMERILIFE AND HEALTH SERVICES OF CHARLOTTE COUN  
TY, 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  
08/05/1987

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

4. FEI Number

59-2836845

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 4017 S Tamiami Trail

Suite, Apt. #, etc.

22

City & State

23 Port Charlotte, FL

24 Zip

33952

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 DP ☐ DELETE

NAME SESTILIO, STEPHEN  
STREET ADDRESS 2536 COUNTRYSIDE BLVD.  
CITY-ST-ZIP CLEARWATER FL

TITLE ST ☐ DELETE

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

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS 4017 S Tamiami Trail

14 CITY-ST-ZIP Port Charlotte, FL 33952

15 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 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: *Maury Thornton* R. Maury Thornton Sec/Treas 2/6/96 (813)726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)