

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 21 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J86045 (8)

1. Corporation Name

**AMERLIFE HEALTH SERVICES OF VOLUSIA COUNTY, IN
C.**

Principal Place of Business

2536 COUNTRYSIDE BLVD.
5901 U.S. HIGHWAY 19 NORTH SUITE 7
CLEARWATER FL 34623

Mailing Address

2536 COUNTRYSIDE BLVD.
5901 U.S. HIGHWAY 19 NORTH SUITE 7
CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/05/1987

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2841547

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOESCH, GARY R.
2536 COUNTRYSIDE BLVD.
CLEARWATER FL 34623

81 Name HEATHER L. DOUDNA

82 Street Address (P.O. Box Number is Not Acceptable)
2536 COUNTRYSIDE BLVD

83 SIXTH FLOOR

84 City CLEARWATER FL 85 Zip Code 34623

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

Heather L. Doudna

HEATHER L. DOUDNA

3/5/95

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BOESCH, GARY R.
STREET ADDRESS 2536 COUNTRYSIDE BLVD.
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE P/D
1.2 NAME HURWITZ, JEFFREY
1.3 STREET ADDRESS 2536 COUNTRYSIDE BLVD
1.4 CITY-ST-ZIP CLEARWATER, FL 34623
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE S/T
3.2 NAME R. MAURY THORNTON
3.3 STREET ADDRESS 2536 COUNTRYSIDE BLVD
3.4 CITY-ST-ZIP CLEARWATER, FL 34623
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 110.07(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:

R. Maury Thornton
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. MAURY THORNTON

DATE

3/10/95

DATE OF FILING

(813) 726-8726