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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

Corporation Name

(8)

AMERI-LIFE HEALTH SERVICES OF VOLUSIA COUNTY, IN

Principal Place of Business

Mailing Address

2536 COUNTRYSIDE BLVD. 5901 U.S. HIGHWAY 19 NORTH, SUITE 7 2536 COUNTRYSIDE BLVD. 5901 U.S. HIGHWAY 19 NORTH, SUITE 7

**FILED** Feb 09 1996 8:00 am Secretary of State



CLEARWATER FL 34623		CLEARWATER FL 34623		3	Date Irrcorporated or Qualified					
عاد د درود						08/05/1987	03/	21/19	95	
2. Principa Plad ป225 S W	ce of Business loodland Blvd	2a. Mailing Address 26 2536 Countryside Blvd			4	FEI Number 59-2841547			Applied For	
Suite, Apt.#		·+				¢0.75 Aug				
]		27				5. Certificate of Status Desired \$8.75 Additiona Fee Required				
Deland,		City & State Clearwater, FL			6	6. Election Campaign Financing Trust Fund Contribution   \$5.00 May Be Added to Fees				
<sup>Zq;</sup>  32720	Country 25 United Stat	Zip e <b>39</b> 34623	<b>⊢</b> ¬	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes				
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name				<del></del>		
DOUDNA, HEATHER			82	82 Street Address (P.O. Box Number is Not Acceptable)						
	DUNTRYSIDE BLVD.									
CLEARW	ATER FL 34623		63	1						
			84	Crty			P!	85 Zı	p Code	
Parsition to	the provisions of Sections 607,0502	and 607 1609. Elocida Statuto	s the shows	Damad sa	ovacentine.	a basika disa atata and farithan	<u>FL</u>		1 . 66	
or registere	o agent, or both, in the State of Florio	a. Such change was authorize	od by the con	oration's	board of	directors. I hereby accept the app	printment as re	gistered	egistered olli Lagent. Lam	
	i, and accept the obligations of, Section	n 607.0505, Florida Statutes.								
inatures	gnative. Typic fice proposed name of registered agent a	nd title transpicable (NOT	IF: Registered Age	r I signature n	required when	reinstal ngi	DATE			
	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF		IRE CTO	PRS IN 12	
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ST Zif	CLEARWATER FL		1.4 CITY-			d, FL 32720				
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·:		<b>LL.</b>	5.2 NAME							
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't			62 NAME	J	1			-	-	
HTASSJÆESS			6 3 STREE	1 ADDRESS	İ					
6-81- <b>2</b> 00			6 4 CITY - :	ST-ZIP	ſ					
<ol> <li>I do hereby certify that to eath; that to</li> </ol>	certify that the information supplied with the information indicated on this annual am an officer or director of the corpora Block 12 or Block 1851 changed, or or	il report or supplemental annu alion or the reselver or trustee	shed and doe all report is tre empowered	es not qua	ccurate and	d that my signature shall have the	same legal effi	ect as if	i made unde	

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