FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business

DOCUMENT # J86045

(8)

AMERI-LIFE HEALTH SERVICES OF VOLUSIA COUNTY, IN C.

Mailing Address

FILED Feb 13 1997 8:00am Secretary of State



225 SOUTH WOODLAND BLVD 500-US-1802-WAY 19 HORTH: SUITE-7 DELAND FL 32720 US		2536 COUNTRYSIDE BLVD SIXTH FLOOR CLEARWATER FL 34623-1633 US			3. Date Incorporated or Qualified 08/05/1987	3a. Date 02/09		leport	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For	
21 2605 South Woodland Blyd					59-2841547		No.	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State Deland, FL		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
^{Zip} 3272	2720 25 29 30			Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	9. Name and Address of Current F	1 Name	10. Name and Address of New R	egistered Ag	ent				
DOUDNA, HEATHER									
2536 COUNTRYSIDE BLVD. CLEARWATER FL 34623				2 Street	Address (P.O. Box Number is Not Accepte	rple)			
			٦	3					
				4 City		FLi		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 a			gent signatui	re required when reinstating) ADDITIONS/CHANGES TO OFF	DATE	IDECTOR	OC (N. 40	
12. TITLE	OFFICERS AND DIRECTORS DELETE		13. 1.1 Titl	,	ADDITIONS/CHANGES TO OFF		*Change	Addition	
	PD L DELETE COOMBS, MICHAEL		1.2 NAM						
NAME CYDEET ADDRESS	225 SOUTH WOODLAND BLVD			et address	2605 South Woodlan	A DluA			
STREET ADDRESS CITY+ST-ZIP	DELAND FL			- ST - ZIP	2605 South Woodlan Deland, FL 32720	u bivu			
TITLE	ST	☐ DELETE	21 TITL				Change	Addition	
NAME	THORNTON, MAURY R		2.2 NAM				- •	_	
STREET ADDRESS	2536 COUNTRYSIDE BLVD			et address					
CITY-ST-ZIP	CLEARWATER FL			- ST - ZIP					
TITLE		DELETE	3 1 THTL			_	Change	☐ Addition	
NAME			3.2 NAM	E					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			3.4. CIT	-ST-ZIP					
TITLE		☐ D€LETE	4.1 TITL			L	Change	☐ Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY	- ST- ZIP					
TITLE		DELETE	5.1 TITL				Change	Addition	
NAME			5.2 NAM	E					
STREET ADDRESS			5.3 STR	ET ADDRESS]	
CITY-ST-ZIP			5.4 CITY	-ST-ZIP					
TITLE		☐ DELÉTE	6.1 TITL				Change	Addition	
NAME			6.2 NAN	E					
STREET ADDRESS			6.3 STR	ET ADDRESS					
CITY-ST-ZIP			6.4 CITY	- ST- ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 3 if changed, or origin attachment with an address.

Sec/Treas

2/6/97

(813)726-0726