

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90205 020 ***150.00

DOCUMENT # J86045

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

Principal Place of Business
**2605 SO WOODLAND BLVD.
 DELAND FL 32720
 US**

Mailing Address
**2536 COUNTRYSIDE BLVD
 SIXTH FLOOR
 CLEARWATER FL 34623
 US**



2. Principal Place of Business
2536 Countryside Blvd

3. Mailing Address

Suite, Apt. #, etc.
Sixth Floor

Suite, Apt. #, etc.

City & State
Clearwater FL

City & State

4. FEI Number **59-2841547**

Applied For
 Not Applicable

33763

USA ntry

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHATANOFF, ROBERT HARRY
 2536 COUNTRYSIDE BLVD., SIXTH FLOOR
 CLEARWATER FL 33763**

Name **North, Heather L**

Street Address (P.O. Box Number Not Acceptable)
2536 Countryside Blvd,

Sixth Floor

City **Clearwater**

FL

Zip Code **33763**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **COOMBS, MICHAEL**
 STREET ADDRESS **2536 COUNTRYSIDE BLVD.**
 CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Robert H. Shatanoff**
 STREET ADDRESS **2536 Countryside Blvd 6th Floor**
 CITY-ST-ZIP **Clearwater FL 33763**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Robert Shatanoff

1-23-02 (727)726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)