FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:16

DOCUMENT # L28610 (8)

1. Corporation Name
AMERILIFE & HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 3677 HOLIDAY FL 34690	POST OFFICE BOX 3677 HOLIDAY FL 34690

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/06/1989
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 2536 COUNTRYSIDE BLVD
Suite, Apt. #, etc. 22
City & State 23 CLEARWATER, FL
Zip 24 34623 Country 25

2a. Mailing Address
26 2536 COUNTRYSIDE BLVD
Suite, Apt. #, etc. 27
City & State 28 CLEARWATER, FL
Zip 29 34623 Country 30

4. FEI Number: 59-2982201 ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 3/15/95
Signature of new registered agent and name if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	BOESCH, GARY R.	1.2 NAME		
STREET ADDRESS	2536 COUNTRYSIDE BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE	S/T	☐ Change ☒ Addition
NAME		2.2 NAME	R. MAURY THORNTON	
STREET ADDRESS		2.3 STREET ADDRESS	2536 COUNTRYSIDE BLVD	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CLEARWATER, FL 34623	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 13 if changed, or on an attachment with an address.

SIGNATURE: GARY R. BOESCH 3/15/95 (813) 726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0375831 CP