

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 # L85740 (3)

1. Corporation Name

AMERILIFE & HEALTH SERVICES OF INDIAN RIVER COU
NTY, INC.

Principal Place of Business

POST OFFICE BOX 3677
HOLIDAY FL 34690

Mailing Address

POST OFFICE BOX 3677
HOLIDAY FL 34690

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/09/1990

3a. Date of Last Report
04/27/1994

4. FEI Number
59-3022374

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOESCH, GARY R.
2536 COUNTRYSIDE BLVD.
SIXTH FLOOR
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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

HEATHER L. DOUDNA

3/15/95

(NOTE: Registered Agent signature required if not reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
HEATHER L. DOUDNA
2536 COUNTRYSIDE BLVD
CLEARWATER, FL 34623

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
S/T
R. MAURY THORNTON
2536 COUNTRYSIDE BLVD
CLEARWATER, FL 34623

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 119.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

R. MAURY THORNTON

3/10/95

(813) 726-0724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #