

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Feb 09 1996 8:00 am
Secretary of State

DOCUMENT # L85740 (3)

1. Corporation Name

AMER-LIFE & HEALTH SERVICES OF INDIAN RIVER COUNTY, INC.



Principal Place of Business

Mailing Address

**POST OFFICE BOX 3677
HOLIDAY FL 34690**

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HOLIDAY FL 34690**

3. Date Incorporated or Qualified
07/09/1990

3a. Date of Last Report
03/21/1995

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

21 **112 South US 1**

Suite, Apt. #, etc.

22 **Suite 5**

City & State

23 **Vero Beach, FL**

24 **32962**

Country

25 **United States**

2a. Mailing Address

26 **2536 Countryside Blvd**

Suite, Apt. #, etc.

27 **Sixth Floor**

City & State

28 **Clearwater, FL**

29 **34623**

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOUDNA, HEATHER
2536 COUNTRYSIDE BLVD.
SIXTH FLOOR
CLEARWATER FL 34623**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP DELESSIO, PATRICK**
STREET ADDRESS **2536 COUNTRYSIDE BLVD.**
CITY - ST - ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **ST THORNTON, MAURY R**
STREET ADDRESS **2536 COUNTRYSIDE BLVD**
CITY - ST - ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME
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CITY - ST - ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #

CR2E034 (12/95)