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

APPROVED AND FILED
95 MAR 21 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L91306 (5)

1. Corporation Name
AMERI-LIFE & HEALTH SERVICES OF THE GULFCOAST, I NC.

Principal Place of Business	Mailing Address
2536 COUNTRYSIDE BLVD. CLEARWATER FL 34623	2536 COUNTRYSIDE BLVD. CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/23/1990
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2953464 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GARY R. BOESCH
2536 COUNTRYSIDE BLVD.
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: Gary R. Boesch HEATHER L. DOUDNA 3/15/95
(Signature of new registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICER/DIRECTOR

TITLE	P/D	1.1 TITLE	P/D ☐ Change ☐ Addition
NAME	[illegible]	1.2 NAME	LARSEN, PUSEY
STREET ADDRESS	[illegible]	1.3 STREET ADDRESS	2536 COUNTRY SIDE BLVD
CITY-ST-ZIP	[illegible]	1.4 CITY-ST-ZIP	CLEARWATER, FL 34623
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	S/T ☐ Change ☑ Addition
NAME		3.2 NAME	R. MAURY THORNTON
STREET ADDRESS		3.3 STREET ADDRESS	2536 COUNTRYSIDE BLVD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CLEARWATER, FL 34623
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: R. Maury Thornton R. MAURY THORNTON 3/16/95 (813) 726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP