

# 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 # M81589 (7)**

1. Corporation Name

**AMERILIFE AND HEALTH SERVICES OF PORT RICHEY, I NC.**

Principal Place of Business

Mailing Address

**2536 COUNTRYSIDE BLVD.  
CLEARWATER FL 34623**

**2536 COUNTRYSIDE BLVD.  
CLEARWATER FL 34623**

2. Principal Place of Business

**21 11122 US Hwy 19**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 11122 US Hwy 19**  
Suite, Apt. #, etc.

**22 City & State**

**23 Port Richey, FL**

**24 34668** **25 United States**

**27 City & State**

**28 Port Richey, FL**

**29 34668** **30 United States**

3. Date Incorporated or Qualified  
**05/18/1988**

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

4. FEI Number

**59-2900213**

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

**DOUDNA, HEATHER L.  
2536 COUNTRYSIDE BLVD.  
CLEARWATER FL 34623**

10. Name and Address of New Registered Agent

**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 the legal address

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**1.1 TITLE PD** ☐ DELETE  
**1.2 NAME BOESCH, GARY R.**  
**1.3 STREET ADDRESS 2536 COUNTRYSIDE BLVD.**  
**1.4 CITY- ST- ZIP CLEARWATER FL**

**2.1 TITLE ST** ☐ DELETE  
**2.2 NAME THORNTON, MAURY R**  
**2.3 STREET ADDRESS 2536 COUNTRYSIDE BLVD.**  
**2.4 CITY- ST- ZIP CLEARWATER FL**

**3.1 TITLE** ☐ DELETE  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY- ST- ZIP**

**4.1 TITLE** ☐ DELETE  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY- ST- ZIP**

**5.1 TITLE** ☐ DELETE  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY- ST- ZIP**

**6.1 TITLE** ☐ DELETE  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE PD** ☒ Change ☐ Addition  
**1.2 NAME Miller, Mark**  
**1.3 STREET ADDRESS 11122 US Hwy 19**  
**1.4 CITY- ST- ZIP Port Richey, FL 34668**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY- ST- ZIP**

**3.1 TITLE** ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY- ST- ZIP**

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY- ST- ZIP**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY- ST- ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

**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)