-2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000071635 AMERI-LIFE AND HEALTH SERVICES OF CENTRAL GEORGI Principal Place of Business Mailing Address 4357 FORSYTH ROAD 2536 COUNTRYSIDE BLVD MACON GA 31210 SIXTH FLOOR CLEARWATER FL 33763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country Zip 6. Name and Address of Current Registered Agent Name THORNTON, R. MAURY 2536 COUNTRYSIDE BLVD SIXTH FLOOR **CLEARWATER FL 33763** City

Signature, typed or printed name of registered agent and title if applicable.

2536 COUNTRYSIDE BLVD, 6TH FL.

2536 COUNTRYSIDE BLVD., 4TH FL.

2536 COUNTRYSIDE BLVD., 6TH FL.

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

PEPE. DENNIS W

CLEARWATER FL 33763

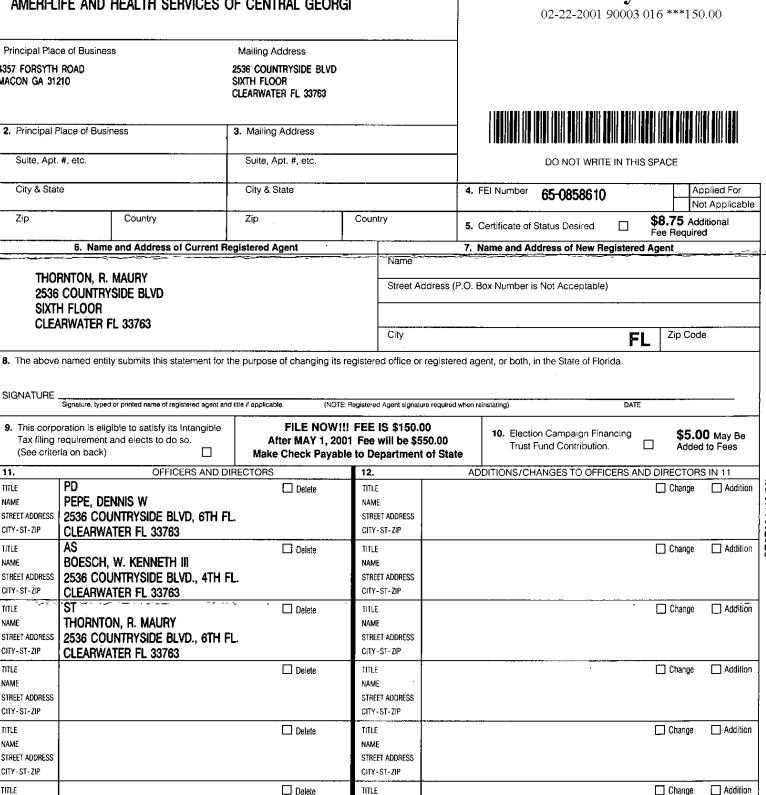
BOESCH, W. KENNETH III

CLEARWATER FL 33763

THORNTON, R. MAURY

CLEARWATER FL 33763

FILED Feb 22, 2001 8:00 am Secretary of State



13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmen, with an address, with all other like importered. changed, or on an attachment with an address, with all other

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

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(See criteria on back)

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maury Thornton 2-19-01