

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071635

1. Entity Name

Ameri-Life & Health Services of Central Georgia, Inc

Principal Place of Business  
4357 Forsyth Road

Mailing Address  
2536 Countryside Blvd  
Sixth Floor  
Clearwater FL 33763

Macon GA 31210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0858610

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Thornton, R. Maury  
2536 Countryside Blvd  
Sixth Floor  
Clearwater FL 33763

Name  
Shatanoff, Robert Harry

Street Address (P.O. Box Number is Not Acceptable)  
2536 Countryside Blvd,

Sixth Floor

City  
Clearwater

FL

Zip Code  
33763

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Robert Harry Shatanoff*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-18-01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11: OFFICERS AND DIRECTORS

12: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Pepe, W. Dennis  
4357 Forsyth Road  
Macon GA 31210 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
COHEN, KENNETH  
4357 FORSYTH RD  
MACON GA. 31210 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
Thornton, R. Maury  
2536 Countryside Blvd  
Clearwater FL 33763 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Kenneth Cohen*

Kenneth Cohen

June 25, 2001

(727) 726-0726

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 19 AM 8:31

100004486391--7

-07/19/01--01077--016

\*\*\*\*\*97.50 \*\*\*\*\*62.50

DO NOT WRITE IN THIS SPACE

CD25034 111000

Requester's Name	
Address	
City/State/Zip	Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  

(Corporation Name)
(Document #)

**300004486393--1**  
-07/19/01--01077--016  
**\*\*\*\*\*37.50 \*\*\*\*\*35.00**  
**36.25**
2. \_\_\_\_\_  

(Corporation Name)
(Document #)
3. \_\_\_\_\_  

(Corporation Name)
(Document #)
4. \_\_\_\_\_  

(Corporation Name)
(Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out      ☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

**Examiner's Initials**

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both in the State of Florida.

1. The name of the Corporation is: Ameri-Life Health & Services of Central Georgia, Inc.

1a. Date of Incorporation: 6/12/91                      Document Number: P9800071635

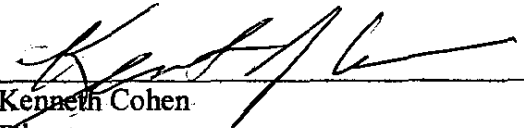
2. The name and address of the current registered agent and office:

R. Maury Thornton  
2536 Countryside Blvd. 6<sup>th</sup> Floor  
Clearwater, FL 33773

3. The name and address of the new registered agent and office:

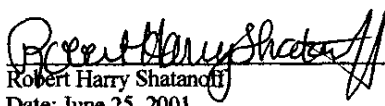
Robert Harry Shatanoff  
2536 Countryside Blvd. 6<sup>th</sup> Floor  
Clearwater, FL 33773

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the Board.

  
Kenneth Cohen  
Director

Date: June 25, 2001

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

  
Robert Harry Shatanoff  
Date: June 25, 2001