

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90158 033 ***150.00

DOCUMENT # P98000071635

1. Entity Name

Ameri-Life & Health Services of Central Georgia, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4357 Forsyth Road

3. Mailing Address
2536 Countryside Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Sixth Floor

City & State
Macon GA

City & State
Clearwater FL

4. FEI Number
65-0858610

Applied For
Not Applicable

Zip
31210

Country
USA

Zip
33763

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name North, Heather L

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

Heather L. North

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

(NOTE: Registered Agent signature required when reinstating)

4-22-02
DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME PD
STREET ADDRESS Cohen, Kenneth
CITY - ST - ZIP 4357 Forsyth Road
Macon GA 31210

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

727-726-0726

Daytime Phone #

CR2E034B (12/01)