

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90006 002 ***150.00

DOCUMENT # P98000073574

1. Corporation Name

AMERILIFE AND HEALTH SERVICES OF KNOXVILLE, INC

Principal Place of Business
2536 COUNTRYSIDE BLVD.
CLEARWATER FL 33763

Mailing Address
2536 COUNTRYSIDE BLVD.
CLEARWATER FL 33763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1998

4. FEI Number

59-3534141

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 9040 Executive Park D

2a Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 103

27 Suite, Apt. #, etc.

City & State

City & State

23 Knoxville TN

28 City & State

Zip

Country

Zip

Country

24 37923

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUDNA, HEATHER L
2536 COUNTRYSIDE BLVD.
CLEARWATER FL 33763

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PEPE, W. DENNIS
STREET ADDRESS 2536 COUNTRYSIDE BLVD., SIXTH FLOOR
CITY-ST-ZIP CLEARWATER FL 33763

1.1 TITLE P
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Assistant Secretary
2.2 NAME PATRICK, WANITA S.
2.3 STREET ADDRESS 2536 Countryside Blvd., 3rd Floor
2.4 CITY-ST-ZIP Clearwater, FL 33763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE S/T
3.2 NAME THORNTON, R. MAURY
3.3 STREET ADDRESS 2536 Countryside Blvd., 6th Floor
3.4 CITY-ST-ZIP Clearwater, FL 33763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 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, with all other like empowered.

SIGNATURE:

R. Maury Thornton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/T 2/2/99 (727)726-0726

Date

Daytime Phone #

CR2E034 (11/98)