

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

00 JUN 12 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000073574
1. Entity Name
AMERI-LIFE & HEALTH SERVICES OF KNOXVILLE, INC.

Principal Place of Business Mailing Address
10904 Kingston Pike 2536 COUNTRYSIDE BLVD
Knoxville TN 37922 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 Zip Country

4. FEI Number 59-3534141 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
THORNTON, R. MAURY
2536 COUNTRYSIDE BLVD
SIXTH FLOOR
CLEARWATER FL 33763

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	Pepe, Dennis W.	
STREET ADDRESS	2536 Countryside Blvd, 6th Fl	
CITY-ST-ZIP	Clearwater FL 33763	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	Patrick, S. Wanita	
STREET ADDRESS	2536 Countryside Blvd, 6th Fl	
CITY-ST-ZIP	Clearwater FL 33763	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Thornton, R. Muary	
STREET ADDRESS	2536 Countryside Blvd, 6th Fl	
CITY-ST-ZIP	Clearwater FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boesch III, W. Kenneth	
STREET ADDRESS	2536 Countryside Blvd, 4th Fl	
CITY-ST-ZIP	Clearwater FL 33763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

700003313427-4
-07/05/00--01094--005
*****61.25 *****61.25

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: *[Signature]* K. Maury Thurman 6/15/00 (727) 726-0226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)