

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 12 1997 8:00am  
Secretary of State

DOCUMENT # S06094 (4)

1. Corporation Name  
AMERI-PLUS HEALTH CARE CONCEPTS, INC.



Principal Place of Business  
2536 COUNTRYSIDE BLVD.  
CLEARWATER FL 34623

Mailing Address  
2536 COUNTRYSIDE BLVD.  
CLEARWATER FL 34623-1633

3. Date Incorporated or Qualified 10/11/1990	3a. Date of Last Report 02/16/1996
4. FEI Number 59-3033053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent DOUDNA, HEATHER L 2536 COUNTRYSIDE BLVD. SIXTH FLOOR CLEARWATER FL 34623	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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	POST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOESCH, GARY R.	1.2 NAME	
STREET ADDRESS	2536 COUNTRYSIDE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	HAIGH, HERBERT
STREET ADDRESS		2.3 STREET ADDRESS	2536 Countryside Blvd., Sixth Floor
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Clearwater, FL 34623
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BOESCH, GARY R.
STREET ADDRESS		3.3 STREET ADDRESS	2536 Countryside Blvd., Sixth Floor
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Clearwater, FL 34623
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	S/T THORNTON, R. MAURY
STREET ADDRESS		4.3 STREET ADDRESS	2536 Countryside Blvd., Sixth Floor
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL 34623
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (9/96)