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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Corporation Name

DOCUMENT # S75554

(3)

AMERI-LIFE & HEALTH SERVICES OF DUVAL COUNTY, IN C.

Principal Place of Business

Mailing Address

2536 COUNTRYSIDE BLVD CLEARWATER FL 34623

2536 COUNTRYSIDE BLVD CLEARWATER FL 34623

FILED Feb 09 1996 8:00 am Secretary of State



						3. Date Incorporated or 08/22/1991	Qualified	3a. Date	of Last R 3/21/19	
Principal Pr 4347 ~2	ace of Business University Blvd S	2a. Mailing Address			4. FEI Number			—	Applied For	
Suite, Apt		26				59-3084555				Not Applicable
		Suite, Apt. #, etc.			5. Certificate of Status D	esired			Additional Required	
City & State	9	City & State				6. Election Campaign Fin	ancing		\$5.0	0 May Be
	onville, <u>FL</u>	28				Trust Fund Contributio	n		Adde	d to Fees
[⊅] 9 2216	Country 25 Inited State	S 29	Zip Cou 30			8. This corporation has liability for intangible tax under s 199,032, Florida Statutes ■ No				
	9. Name and Address of Curren	Registered Agent				10. Name and Address	of New R	egistered /	gent	
				81	Name	· · · · · · · · · · · · · · · · · · ·				
	ia, heather Ountryside blvd			82	Street Add	Address (P.O. Box Number is Not Acceptable)				
	WATER FL 34623			83			······································			
				84	City				85 Zı	p Code
Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the abo] Уе-п	arried corpo	ration submits this statement f	or the pur	FL pose of cha	nging its r	egistered offic
familiar wit	ed agent, or both, in the State of Florid ith, and accept the obligations of, Section	a. Such change was authori on 607.0505, Florida Statute	ized by the e es.	corp	oration's tioa	ird of directors. I hereby accep	t the appo	ointment as	registered	agent. I am
nature _	 Sign dure, type o or printed dame of registered agent a	and bt+ manukabin — ——————————————————————————————————	NOTE: Ragisterer	I Ageri	l signature require	od when reinstating)		DATE		
	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES	S TO OFFI	CERS AND	DIRECTO	RS IN 12
	DP	DELETE	1. 1 T	ITLE	PI				k Change	Addition
'f	ANSELL, JAMES		1.2 N	AME	Sw	anson, Steven				
ET ADDRESS	2536 COUNTRYSIDE BLVD		1.3 S	TREET		47-2 University	B1vd	S		
ST ZIF	CLEARWATER FL			11Y-\$		cksonville, FL				
	ST	DELETE	2 1 1	:TLE		WILL STREET			Change	Addition
į	THORNTON, MAURY R		2 2 N	AME						
E1 ADDRESS	2536 COUNTRYSIDE BLVD									
			235	TREET	ADDRESS					
ST ZIP	CLEARWATER FL				i					
	CLEARWATER FL	□ DETEAT		IIY-SI	i] Change	Addition
	CLEARWATER FL	□ D€TEJE	2 4 C	ITLE	i			E] Change	Addition
F 1k	CLEARWATER FL	□ DETEJE	24 C 3 1 T 3 2 N	IIY-SI ITLE AME	i] Change	Addition
E THADORESS	CLEARWATER FL	□ DETEJE	2 4 Cl 3 1 T 3 2 N 3.3 S	IIY-SI ITLE AME TREET	1-2IP ADORESS				Change	Addition
E LLADDRESS -SL-Z-P	CLEARWATER FL	□ DELETE	2 4 Cl 3 1 T 3 2 N 3.3 S	IIY-SI ITLE AME TREET	1-2IP ADORESS				Change	
E LITADORESS - ST-Z-P	CLEARWATER FL	<u>-</u> "	24 Cl 3 1 T 3 2 N. 3.3 S 3.4 Cl	IIY-SI ITLE AME TREET ITY-SI ITLE	1-2IP ADORESS					Addition
E TTADORESS -ST-Z-P	CLEARWATER FL	<u>-</u> "	24 Ci 3 1 T 3 2 N 3 3 S 3 4 Ci 4 1 T 4 2 N	ITLE AME TREET ITLE ITLE	1-2IP ADDRESS 1-7IP					
E TT ADDRESS -ST-Z-P ST ADDRESS	CLEARWATER FL	<u>-</u> "	24 CO 3 1 T 32 N 33 S 34 CO 4 1 T 42 N 43 S	ITLE AME TREET TY-ST TLE AME	AUDRESS 1-ZIP ADDRESS ADDRESS					
ELLADBESS ST-Zif ELLADBESS ELLADBESS ST-Zif	CLEARWATER FL	<u>-</u> "	24 CO 3 1 T 32 N 33 S 34 CO 4 1 T 42 N 43 S	ITLE TREET ITLE TREET ITLE AME TREET ITLE	AUDRESS 1-ZIP ADDRESS ADDRESS			Ē] Change	Add/tion
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F ME ETTADDRESS Y-ST-ZP ME ETTADDRESS (-ST-ZP) MC ETTADCRESS (-ST-ZP) ETTADCRESS	CLEARWATER FL	☐ DELETE	2 4 CO 3 1 T 3 2 N. 3 3 S 3 4 CO 4 1 T 4 2 N. 4 3 S' 4 4 CO 5 1 T 5 2 N. 5 3 SI 5 4 CO 6 1 T 6 2 N.	IIY-SI IILE AAME ITREE1 ITY-SI IILE AAME ITREE1 ITY-SI ITY-SI ITY-SI ITLE AAME ITY-SI ITLE AAME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS				Change	Addition Addition

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 onth; 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 12 or Block 12 or name appears. SIGNATURE: (

R. Maury Thornton Sec/Ireas 2/6/96 (813)726-0726