#2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S75554 AMERI-LIFE & HEALTH SERVICES OF DUVAL COUNTY, IN Principal Place of Business Mailing Address 2536 COUNTRYSIDE BLVD 4347-2 UNIVERSITY BLVD SOUTH **CLEARWATER FL 34623** JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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12.

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STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

Zip

City & State

Country

2536 COUNTRYSIDE BLVD., SIXTH FLOOR

THORNTON, R. MAURY

CLEARWATER FL 33763

9. This corporation is eligible to satisfy its Intangible

PICKARD, ROBERT

JACKSONVILLE FL

CLEARWATER FL

THORNTON, MAURY R

2536 COUNTRYSIDE BLVD

4347-2 UNIVERSITY BLVD. SOUTH

Tax filing requirement and elects to do so.

(See criteria on back)

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

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NAME STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

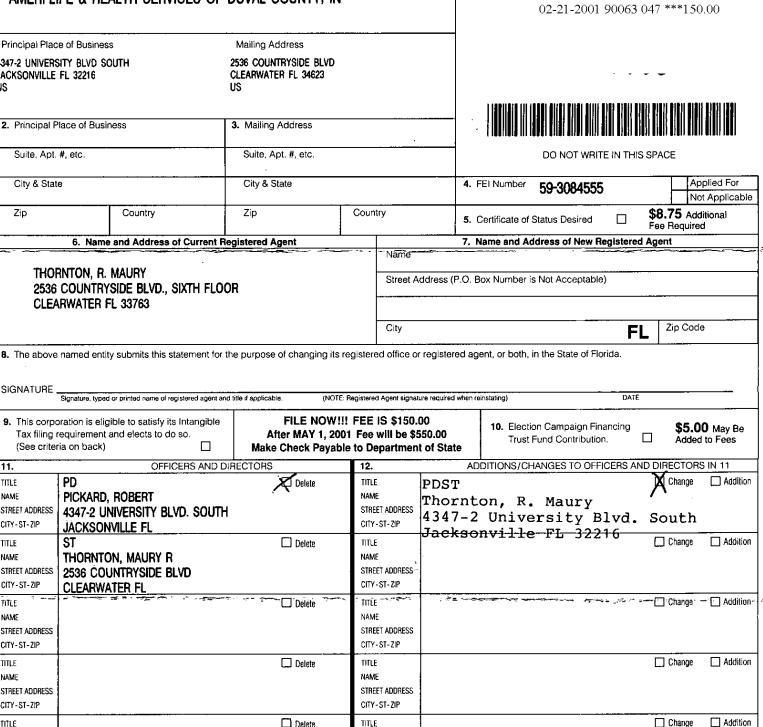
CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

FILED Feb 21, 2001 8:00 am Secretary of State



CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 R. Maury Thornton SIGNATURE