

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S75554

1. Entity Name

Ameri-Life & Health Services of Duval County, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 17 PM 12:17

Principal Place of Business
4347-2 University Blvd S
Jacksonville FL 32216

Mailing Address
2536 Countryside Blvd
Sixth Floor
Clearwater FL 33763

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number **59-3084555** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

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: Shatanoff, Robert Harry
Street Address (P.O. Box Number is Not Acceptable): 2536 Countryside Blvd,
Sixth Floor
City: Clearwater FL Zip Code: 33763

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 Robert H. Shatanoff Robert Harry Shatanoff 7/13/01
Signature, typed or printed name of registered agent and title if applicable (If UBR Registered Agent signature required when reinstating) DATE

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, 2001 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	Thornton, R. Maury		NAME	RONALD MICHETTI			
STREET ADDRESS	4347-2 University Blvd S		STREET ADDRESS	4347-2 UNIVERSITY BLVD S			
CITY-ST-ZIP	Jacksonville FL 32216		CITY-ST-ZIP	JACKSONVILLE FL 32216			
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	10004510711-6	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Thornton, R. Maury		NAME	-08/01/01--01017--019			
STREET ADDRESS	2536 Countryside Blvd		STREET ADDRESS	*****97.50 *****62.50			
CITY-ST-ZIP	Clearwater FL 33763		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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 Ronald Michetti Ronald Michetti June 25, 2001 (727) 726-0726

CD02024 (11/00)

Requester's Name	
Address	
City/State/Zip	Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Photocopy |
| | | <input type="checkbox"/> Certificate of Status |

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

700004510707--8
 -08/01/01--01017--019
 *****97.50 *****35.00

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials