

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90128 015 ***150.00

DOCUMENT # S75554

1. Entity Name
AMERI-LIFE & HEALTH SERVICES OF DUVAL COUNTY, INC.



Principal Place of Business
**2536 COUNTRYSIDE BLVD
SIXTH FLOOR
CLEARWATER, FL 33763 US**

Mailing Address
**2536 COUNTRYSIDE BLVD
SIXTH FLOOR
CLEARWATER, FL 34623 US**

94084086



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04152004 Chg-P CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

**NORTH, HEATHER L
2536 COUNTRYSIDE BLVD., SIXTH FLOOR
CLEARWATER, FL 33763**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME SHATANOFF, ROBERT H
STREET ADDRESS 2536 COUNTRYSIDE BLVD 6TH FLOOR
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE PD ☐ Change ☒ Addition
NAME Timothy O North
STREET ADDRESS 2536 Countryside Blvd 6th Floor
CITY-ST-ZIP Clearwater FL 33763

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY NORTH

APR 21 2004

Date

727-726-0726

Daytime Phone #