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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

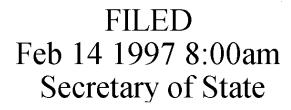
Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # V41850

(1)

AMERICAN HEALTH & LIFE OF CHARLOTTE, INC.

5010 ALBERMARLE ROAD CHARLOTTE NC 28205	2536 COUNTRYSIDE BLVD CLEARWATER FL 34623-1633
Principal Place of Business	Mailing Address
D	



3a. Date of Last Report

02/14/1996



3. Date Incorporated or Qualified

06/05/1992

2. Principa: P	flace of Busin	iess	2a. Ma	iling Address				4. FEI Number		Ap	plied For
21			26					59-3143405		No	t Applicable
Suite, Apt. #, etc.			27 Sui	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re	
City & Stat 23	10		28 City	y & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Ζφ <b>24</b>		Country 25	Zip 29		Coun	try		This corporation has liability for in Florida Statutes		tax under s.	199.032,
	g, Name	and Address of Curre	nt Registere	d Agent				10. Name and Address of New Re	gistered /	Agent	
DOUDNA, HEATHER 2538 COUNTRYSIDE BLVD CLEARWATER FL 34623							Name Street Addre	ss (P.O. Box Number is Not Acceptab	le)	<b>.</b>	
					L	33					
44 Durament	to the provin		00 4 607 1	500 Ft-1d- 0t-1			City		FL	85 Zip C	
office or r	registered ag	ons of Sections 607.05 ent, or both, in the Stati th, and accept the oblig	e of Florida. S	Such change was a	authorized	by t	named corpo the corporatio	ration submits this statement for the p in's board of directors. I hereby accep	urpose of at the app	changing its pintment as i	registered registered
SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if app	licable (NOT	E: Registered	Agent	signature required	when reinstating)	DATE		<del></del>
12.	r	OFFICERS AN	ID DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	S IN 12
TITLE .	PD			☐ DELETE	1.5 TITU	E				Change	Addition
NAME	TEBYANI,				1.2 NAV	AE.					1:
STREET ADDRESS		ERMARLE ROAD			1.3 STRI	EET AI	DDAESS				[]
CITY - ST - ZIP	CHARLO1	ITE NC			1.4 CITY	/-\$T-	ZIP			4	[]
TITLE	ST			DELETE	2.1 TITE	E				Change	Addition C
NAME	THORNTO	ON, MAURY R			2.2 NAM	4E					1
STREET ADDRESS	2536 COI	JNTRYSIDE BLVD			2.3 STRI	EET AL	DDRESS	•			1
CITY-ST-ZIP	CLEAWAT	TER FL			2. 4 CiT	Y-ST-	-ZIP				
TITLE		•		DELETE	3.1 TETL	• • • • • • • • • • • • • • • • • • • •				Change	Addition
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STREET ADDRESS					3.3 STRI	FFT AI	nneres				
CITY-ST-ZIP					3.4. C(T)						
TITLE				DELETE	4,1 TITL		- 417		······································	Change	Addition
NAME					4. 2 NAM		İ			Last Crange	
STREET ADDRESS							DODECC				
					4,3 STRI						
CITY-ST-ZIP TITLE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del> -	DELETE	4.4 CITY 5.1 TITL		ZIP			Change	Addition
NAME				C Decent	5.2 NAM					CT Cliange	
STREET ADDRESS					5.3 STRE	-	DOBLEC				
CITY-ST-ZIP TITLE				DELETE	5.4 CITY 6.1 TITL		ZIP	<del></del>		☐ Change	Addition
				C precit						change	Addition
NAME					6.2 NAM						
STREET ADDRESS					6.3 STRE						
CITY-ST-ZIP	hy certify that	the information execution	d with this fil	ing does not quali	6.4 CITY			n Section 110 07/2V// Florida Statuta	. 4 f., usla	portifications a	
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 cytrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed or on an although with an address.											
SIGNATURE: R. Maury Thornton Sec/Treas 2/11/97 (813)726											