

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V41850** (1)
1. Corporation Name
**AMER-LIFE AND HEALTH SERVICES OF MECKLENBURG CO
UNTY, INC.**

Principal Place of Business 5010 ALBERMARLE ROAD CHARLOTTE NC 28205 US	Mailing Address 2536 COUNTRYSIDE BLVD CLEARWATER FL 34623
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1992	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 FEI Number 59-3143405	26 Applied For Not Applicable
27 City & State		28 Zip		29 Country	
29 City & State		30 Zip		31 Country	
32 City & State		33 Zip		34 Country	
35 City & State		36 Zip		37 Country	
38 City & State		39 Zip		40 Country	
41 City & State		42 Zip		43 Country	
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89 City & State		90 Zip		91 Country	
92 City & State		93 Zip		94 Country	
95 City & State		96 Zip		97 Country	
98 City & State		99 Zip		100 Country	

9. Name and Address of Current Registered Agent DOUDNA, HEATHER 2536 COUNTRYSIDE BLVD CLEARWATER FL 34623		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83 City		84 Zip Code	
85 State		86 City	
87 State		88 City	
89 State		90 City	
91 State		92 City	
93 State		94 City	
95 State		96 City	
97 State		98 City	
99 State		100 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	TEBYANI, FRANK		
STREET ADDRESS	5010 ALBERMARLE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
ST	THORNTON, MAURY R		
STREET ADDRESS	2536 COUNTRYSIDE BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *R. Maury Thornton* R. Maury Thornton Sec/Treas 2/16/98 (813)726-0726

CR2E034 (10/97)