2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State
03-20-2002 90240 048 ****50.00

0037033

DOCUMENT # M00000001888

1. Entity Name

AMERI-LIFE & HEALTH SERVICES OF CHARLOTTE COUNTY, L.L.C.

Principal Place of Business	Mailing Address
4017 S. TAMIAMI TRAIL PORT CHARLOTTE FL 33952	2536 COUNTRYSIDE BLVD., 6TH FLOOR CLEARWATER FL 33763

931487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3665463 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHATANOFF, ROBERT HARRY 2536 COUNTRYSIDE BLVD, 6TH FL CLEARWATER FL 33763	Name: North, Heather Street Address (P.O. Box Number is Not Acceptable): 2536 Countryside Blvd. 6th 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: Heather North 1.30.02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ☒ Delete AMERICAN INSURANCE ADMINISTRATORS, INC. 2536 COUNTRYSIDE DRIVE, 6TH FLOOR CLEARWATER FL 33763	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ☒ Change ☐ Addition Sestilio, Stephen 4017 S. Tamiami Trail Port Charlotte FL 33952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ☐ Delete SESTILIO, STEPHEN 2536 COUNTRYSIDE BLVD., 6TH FLOOR CLEARWATER FL 33763	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ☐ Change ☒ Addition York, Christopher 2536 Countryside Blvd 6th Floor Clearwater FL 33763
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED STEPHEN SESTILIO 2/19/02 727-726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #