2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State
03-20-2002 90240 014 ****50.00

0037048

DOCUMENT # M00000001890

1. Entity Name

AMERI-LIFE HEALTH SERVICES OF NORTH FLORIDA, L.L.C.

Principal Place of Business	Mailing Address
4347-2 UNIVERSITY BLVD S. JACKSONVILLE FL 32216	2536 COUNTRYSIDE BLVD 6TH FL CLEARWATER FL 33763

00147 1

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 59-3665455 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHATANOFF, ROBERT HARRY
2536 COUNTRYSIDE BLVD., 6TH FL
CLEARWATER FL 33763

7. Name and Address of New Registered Agent

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 Heather North 1-30-02 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMERICAN INSURANCE ADMINISTRATORS INC 2536 COUNTRYSIDE BLVD 6TH FL CLEARWATER FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHETTI, RONALD 2536 COUNTRYSIDE BLVD 6TH FL CLEARWATER FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Moran, Robert 4347-2 University Blvd S Jacksonville FL 32216	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR York, Christopher 2536 Countryside Blvd 6th Floor Clearwater FL 33763	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 ROBERT MORAN 2/19/02 727-726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #