2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# M00000001890

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

Current Principal Place of Business:

8301 CYPRESS PLAZA DR.
SUITE 104
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P O BOX 15059
CLEARWATER, FL 33766

New Mailing Address:

FEI Number: 59-3665455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIGHTOWER, R NATHAN ESQ
2536 COUNTRYSIDE BLVD., 6TH FL
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: AL AMERILIFE, LLC,
Address: 2536 COUNTRYSIDE BLVD 6TH FLOOR
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY O NORTH MGRM 03/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date