2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2010
Secretary of State

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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:

2536 COUNTRYSIDE BLVD STE 501
CLEARWATER, FL 33763

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:

HIGHTOWER, R NATHAN ESQ
2536 COUNTRYSIDE BLVD. STE 501
CLEARWATER, FL 33763 US

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: R NATHAN HIGHTOWER ESQ 01/19/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: AL AMERILIFE, LLC
Address: 2536 COUNTRYSIDE BLVD STE 501
City-St-Zip: CLEARWATER, FL 33763

I hereby 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 Statues.

SIGNATURE: AL AMERILIFE LLC MGR 01/19/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date