2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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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:

2536 COUNTRYSIDE BLVD STE 501
CLEARWATER, FL 33763

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. STE 501
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
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: TIMOTHY OWEN NORTH MGR 02/08/2011

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