2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State
02-20-2003 90024 006 ****50.00

DOCUMENT # M00000001890

1. Entity Name
AMERHLIFE 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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8301 CYPRESS PLAZA DR.	
Suite, Apt. #, etc. SUITE 104.	Suite, Apt. #, etc.
City & State JACKSONVILLE FL	City & State
Zip 32256. Country U.S.A.	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	7. Name and Address of New Registered Agent
NORTH, HEATHER 2536 COUNTRYSIDE BLVD., 6TH FL CLEARWATER FL 33763	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MORAN, ROBERT 4347-2 UNIVERSITY BLVD S JACKSONVILLE FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM. GAMBINO, JASON 8301 CYPRESSPLAZA DR. SUITE 104. JACKSONVILLE FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR YORK, CHRISTOPHER 2536 COUNTRYSIDE BLVD 6TH FL CLEARWATER FL 33763	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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 JASON GAMBINO 2/18/03 727-726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #