2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State
03-20-2002 90240 019 ****50.00

DOCUMENT # M00000001893

1. Entity Name
AMERI-LIFE & HEALTH SERVICES OF THE GULFCOAST, L.L.C.

Principal Place of Business	Mailing Address
4960 FRUITVILLE ROAD SARASOTA FL 34232	4960 FRUITVILLE ROAD SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	2536 Countryside Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6th Floor
City & State	City & State Clearwater FL
Zip / Country	Zip 33763 / Country USA

4. FEI Number 59-3665452 ☐ 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
SHATANOFF, ROBERT HARRY 2536 COUNTRYSIDE BLVD., 6TH FL CLEARWATER FL 33763	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 1.30.02
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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	MGRM Painter, Donald 4960 Fruitville Rd Sarasota FL 34232 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LARSEN, RUBELL 2536 COUNTRYSIDE BLVD 6TH FL CLEARWATER FL ☒ Delete	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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: DONALD PAINTER. 2/19/02 727-726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)