2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
01 MAR 19 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

AMERI-LIFE & HEALTH SERVICES OF COLLIER COUNTY,

Principal Place of Business	Mailing Address
3421 BONITA BEACH RD. STE 401 BONITA SPRINGS FL 34134	3421 BONITA BEACH RD. STE 401 BONITA SPRINGS FL 34134

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 / County U.S.A.

4. FEI Number 59-3665449 ☐ 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
HAIKARA, KIMBERLY J 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition LLC Manager American Insurance Administrators, Inc. 2536 Countryside Blvd. 6th Floor Clearwater FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Managing Member JEFFREY HURWITZ 2536 Countryside Blvd. 6th Floor Clearwater FL 33763
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 900003909729 -03/26/01--01112--028 *****50.00 *****50.00
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

CR2E083 (11/00)

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 W. Dennis Pepe 2/23/01 (727) 726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #