LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90006 016 ****50.00

DOCUMENT # M00000001907

1. Entity Name

Ameri-Life & Health Services of Collier County, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3421 Bonita Beach Rd.		2536 Countryside Blvd. 6th Floor	
Suite, Apt. #, etc.: Suite 401		Suite, Apt. #, etc.:	
City & State: Bonita Springs FL		City & State: Clearwater FL	
Zip: 34134	Country: USA	Zip: 33763	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3665449 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: North, Heather, L

Street Address (P.O. Box Number is Not Acceptable): 2536 Countryside Blvd 6th Floor

City: Clearwater FL 33763 **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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM McCrary, Michael 3421 Bonita Beach Rd. Ste 401 Bonita Springs FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Michael McCrary 2-25-03 (727) 726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #