2001 UNIFORM BUSINESS REPORT (UBR)

000230806 SP

DOCUMENT # M00000001908

1. Entity Name

AMERI-LIFE & HEALTH SERVICES OF HOLIDAY, L.L.C.

FILED

01 MAR 15 AM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2246 U.S. HWY 19. MT VERNON PLAZA HOLIDAY FL 34691	2246 U.S. HWY 19. MT VERNON PLAZA HOLIDAY FL 34691

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

4. FEI Number 59-3665212 ☐ 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 _____
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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~LLC Manager~~ American Insurance Administrators, Inc. 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	~~Managing Member~~ Michael Adams 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	700003888317--2 -03/20/01--01062--014 *****50.00	☐ 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.

W. Dennis Pepe (727) 726-0726

SIGNATURE: W. Dennis Pepe SIGNATURE REQUIRED 2/23/01

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

CR2E083 (11/00)