

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006109

FILED
Mar 13, 2009
Secretary of State

Entity Name: AMERI-PLUS BENEFIT PROGRAM, LLC

Current Principal Place of Business:

2536 COUNTRYSIDE BLVD, 6TH FLOOR
CLEARWATER, FL 33763

New Principal Place of Business:

Current Mailing Address:

2536 COUNTRYSIDE BLVD, 6TH FLOOR
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: 26-1195416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGHTOWER, R NATHAN ESQ
2536 COUNTRYSIDE BLVD, 6TH FLOOR
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AL NETOWRK SOLUTIONS, , L.L.C.
Address: 2536 COUNTRYSIDE BLVD, 6TH FLOOR
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY O NORTH

MGRM

03/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date