

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000007093

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** AMERI-LIFE AND HEALTH SERVICES OF SAVANNAH, LLC

**Current Principal Place of Business:**

2536 COUNTRYSIDE BLVD,  
SUITE 501  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

2536 COUNTRYSIDE BLVD  
SUITE 501  
CLEARWATER, FL 33766

**New Mailing Address:**

**FEI Number:** 26-1195881

**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  
SUITE 501  
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  
Name: AL AMERILIFE, LLC  
Address: 2536 COUNTRYSIDE BLVD, STE 501  
City-St-Zip: CLEARWATER, FL 33763

I hereby 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

MGR

01/13/2012

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