**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 15, 2013**
**Secretary of State**
**CC1179657052**

DOCUMENT# M00000001888

**Entity Name:** AMERI-LIFE & HEALTH SERVICES OF CHARLOTTE COUNTY, L.L.C.

**Current Principal Place of Business:**

4017 S. TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

2650 MCCORMICK DR STE 200S
CLEARWATER, FL 33759 US

**FEI Number: 59-3665462**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HIGHTOWER, R NATHAN ESQ
2650 MCCORMICK DR STE 200S
CLEARWATER, FL 33759 US

*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

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | AL AMERILIFE, LLC |
| Address | 2650 MCCORMICK DR STE 200S |
| City-State-Zip: | CLEARWATER FL 33759 |

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: AL AMERILIFE LLC LLC MANAGER 04/15/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date