

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001722

Entity Name: AMERILIFE & HEALTH SERVICES OF OSCEOLA COUNTY, LLC

Current Principal Place of Business:

2650 MCCORMICK DR.
CLEARWATER, FL 33759

Current Mailing Address:

2650 MCCORMICK DR
STE 200S
CLEARWATER, FL 33759

FEI Number: 26-4173771

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HIGHTOWER, R. NATHAN ESQ.
2650 MCCORMICK DR
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 AMERLIFE,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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATHAN HIGHTOWER

AGENT

04/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date