2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2018
Secretary of State
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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: GIDEON MOORE — SECRETARY AL AMERILIFE LLC — 03/09/2018

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