

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 02, 2009  
Secretary of State**

DOCUMENT# M00000001899

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

**Current Principal Place of Business:**

1107 NORTH BLVD W., STE 24  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 15059  
CLEARWATER, FL 33766

**New Mailing Address:**

FEI Number: 59-3665486      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 FL  
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 AMERILIFE, LLC,  
Address: 2536 COUNTRYSIDE BLVD 6TH FL  
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

03/02/2009

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