LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2002 8:00 am Secretary of State

| DOCUMENT # M0000001905 1. Entity Name | | 03-20-2002 90240 023 ****50.00 | | |
|--|--|---|--|--|
| AMERI-LIFE & HEALTH SERVICES OF PINELLAS COUNTY, LLC | | | | |
| DO NOT WRIT | E IN THIS S | PACE | 931462 | |
| Principal Place of Business Countryside Blvd | 3. Mailing Address | Blvd | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | , Diva | DO NOT WRITE IN THIS SPACE | |
| 6th Floor City & State | 6th Floor City & State | | 4. FEI Number FO 2005 480 Applied For | |
| Clearwater FL | Clearwater FL | Country | 4. FEI NUITIDE 59-3665489 Sophiest For Not Applicate | |
| Zip 33763 Country USA | 33763 | USA | 5. Certificate of Status Desired S5.00 Additional Fee Required | |
| - - | | Name Name | 7. Name and Address of Current Registered Agent | |
| DO NOT | WRITE | Nort | h, Heather L | |
| | DO NOT WRITE IN THIS SI Cipal Place of Business Countryside Blvd a. Apt. #, etc. Cor State Clearwater FL 33763 Country USA Country | 2536 | Street Address (P.O. Box Number is Not Acceptable) 2536 Countryside Blvd., 6th Floor | |
| |) MUL | | | |
| | | City Clea | rwater FL Zip Code 33763 | |
| 8. The above named entity submits this statemen | nt for the purpose of changing it | s registered office or registe | ered agent, or both, in the State of Florida. | |
| SIGNATURE VILLE | He | eather L. North | 02/27/02 | |
| Signature, typed or printed name of registered a | gent and title if applicable. | | DATE | |
| | Make Check P | FEE IS \$50.00 ayable to Department | of State | |
| | | DUE BY MAY 1 | Ji Olate | |
| 9. MANAGING MEI | MBERS/MANAGERS | | | |
| | | TŧTLE NAME | | |
| STREET ADDRESS 2536 Countryside Blvd. 6th Floor | | STREET ADDRESS | · | |
| CITY-ST-ZIP Clearwater FL 33763 | | CITY-ST-ZIP | | |
| TITLE | | TITLE . NAME | | |
| STREET ADDRESS | | STREET ADDRESS | | |
| CITY - ST - ZIP | | CITY-ST-ZIP | | |
| TITLE NAME | The second | TITLE | المرارس والمرابع والمستوان المستوانية والمستوانية والمستوانية والمستوانية والمستوانية والمستوانية والمستوانية | |
| STREET ADDRESS | | STREET ADDRESS | DO NOT WRITE | |
| CITY-ST-ZIP TITLE | | CITY-ST-ZIP | | |
| NAME | , | NAME | IN THIS SPACE | |
| STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE | | TITLE | · | |
| NAME | | NAME | | |
| STREET ADDRESS CITY - ST- ZIP | | STREET ADDRESS CITY-ST-ZIP | • | |
| TITLE | | TITLÉ | | |
| NAME STREET ADDRESS | | NAME STREET ADDRESS | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | |
| 11. Thereby certify that the information supplied indicated on this report is true and accurate limited liability company of the receiver of the | with this filing does not qualify for and that my signature shall have stee empowered to execute this | or the exemption stated in S the same legal effect as if s report as required by Char | ection 119.07(3)(i). Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the oter 608. Florida Statutes. | |

Christopher York

2/27/02

727-726-0726 Daytime Phone #