

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90307 041 ****50.00

DOCUMENT # M00000001905

1. Entity Name

Ameri-Life & Health Services of Pinellas County, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2536 Countryside Blvd

Suite, Apt. #, etc.
6th Floor

City & State
Clearwater FK

Zip
33763

Country
USA

3. Mailing Address

2536 Countryside Blvd. 6th Floor

Suite, Apt. #, etc.

City & State
Clearwater FL

Zip
33763

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3665489

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
North, Heather, L

Street Address (P.O. Box Number is Not Acceptable)
2536 Countryside Blvd 6th Floor

City
Clearwater FL 33763 **FL** Zip Code
33763

**DO NOT WRITE
IN THIS SPACE**

8. 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

Heather L. North 4-8-03
Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
York, Christopher
2536 Countryside Blvd 6th Floor
Clearwater FL 33763**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Christopher York
Christopher York

Date

4-21-03 (727) 726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

CR2E083B (12/01)