

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

03-20-2002 90240 027 \*\*\*\*50.00

**DOCUMENT # M00000001988**

1. Entity Name

**AMERILIFE & HEALTH SERVICES OF THE ATLANTIC COA  
 ST, L.L.C.**

Principal Place of Business

**613 S. YONGE STREET  
 ORMOND BEACH FL 32174**

Mailing Address

**2536 COUNTRYSIDE BLVD., 6TH FLOOR  
 CLEARWATER FL 33763**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3665453**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHATANOFF, ROBERT HARRY  
 2536 COUNTRYSIDE BLVD., 6TH FLOOR  
 CLEARWATER FL 33763**

7. Name and Address of New Registered Agent

Name  
**North, Heather**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2536 Countryside Blvd. 6th Floor**  
 City **Clearwater** **FL** Zip Code  
**33763**

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

*Robert Shatanoff*

*Heather North*

*1-30-02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR**  Delete  
 NAME **AMERICAN INSURANCE ADMINISTRATORS, INC.**  
 STREET ADDRESS **2536 COUNTRYSIDE BLVD., 6TH FLOOR**  
 CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **MGR**  Delete  
 NAME **AMERICAN INSURANCE ADMINISTRATORS, INC.**  
 STREET ADDRESS **2536 COUNTRYSIDE BLVD., 6TH FLOOR**  
 CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **MGRM**  Delete  
 NAME **CLOER, ALLEN**  
 STREET ADDRESS **2536 COUNTRYSIDE BLVD., 6TH FLOOR**  
 CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGRM**  Change  Addition  
 NAME **Waters, Stephen**  
 STREET ADDRESS **613 S. Yonge Street**  
 CITY-ST-ZIP **Ormond Beach FL 32174**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Stephen Waters* **STEPHEN WATERS**

*2/19/02*

**727-726-0726**

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

Date

Daytime Phone #

CF2E063 (9/01)

0037029