

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000006222

Entity Name: MEDI-GAP DIRECT, LLC

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

2536 COUNTRYSIDE BLVD  
6TH FLOOR  
CLEARWATER, FL 33763

## **New Principal Place of Business:**

2536 COUNTRYSIDE BLVD STE 501  
CLEARWATER, FL 33763

## **Current Mailing Address:**

2536 COUNTRYSIDE BLVD  
6TH FLOOR  
CLEARWATER, FL 33763

## **New Mailing Address:**

2536 COUNTRYSIDE BLVD STE 501  
CLEARWATER, FL 33763

FEI Number: 26-1195353

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 FLOOR  
CLEARWATER, FL 33763 US

## **Name and Address of New Registered Agent:**

HIGHTOWER, NATHAN R ESQ  
2536 COUNTRYSIDE BLVD STE 501  
CLEARWATER, FL 33763 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: NATHAN R HIGHTOWER ESQ

01/18/2010

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: AL AMERILIFE, LLC  
Address: 2536 COUNTRYSIDE BLVD STE 501  
City-St-Zip: CLEARWATER, FL 33763

I hereby 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: AL AMERILIFE LLC

MGR

01/18/2010

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