2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# M08000004018

Entity Name: AMERILIFE & HEALTH SERVICES OF ST. PETERSBURG, LLC

Current Principal Place of Business:

2536 COUNTRYSIDE BLVD 6TH FLR
CLEARWATER, FL 33763

New Principal Place of Business:

111 2ND AVE NE
SUITE 301
ST PETERSBURG, FL 33701

Current Mailing Address:

2536 COUNTRYSIDE BLVD 6TH FLR
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: 26-3242153 **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 FLR
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: O NORTH, TIMOTHY
Address: 2536 COUNTRYSIDE BLVD 6TH FLR
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NORTH, TIMOTHY O
Address: 2536 COUNTRYSIDE BLVD 6TH FLR
City-St-Zip: CLEARWATER, FL 33763

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