

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000705

FILED
Jul 09, 2010
Secretary of State

Entity Name: AMERI-LIFE & HEALTH SERVICES OF AUGUSTA, LLC

Current Principal Place of Business:

1054 CLAUSSEN RD., SUITE 316
AUGUSTA, GA 30907

New Principal Place of Business:

2536 COUNTRYSIDE BLVD
STE 501
CLEARWATER, FL 33763

Current Mailing Address:

1054 CLAUSSEN RD., SUITE 316
AUGUSTA, GA 30907

New Mailing Address:

2536 COUNTRYSIDE BLVD
STE 501
CLEARWATER, FL 33763

FEI Number: 26-1662534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGHTOWER, R. NATHAN
2536 COUNTRYSIDE BLVD. 6TH FLOOR
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

HIGHTOWER, R. NATHAN
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: _____

Electronic Signature of Registered Agent

07/09/2010

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: TIMOTHY O NORTH

MGR

07/09/2010

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