

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001719

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** AMERILIFE & HEALTH SERVICES OF PLANTATION, LLC

**Current Principal Place of Business:**

2536 COUNTRYSIDE BLVD.  
STE 501  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

2536 COUNTRYSIDE BLVD.  
STE 501  
CLEARWATER, FL 33763

**New Mailing Address:**

FEI Number: 26-4675171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HIGHTOWER, NATHAN R ESQ  
2536 COUNTRYSIDE BLVD.  
STE 501  
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  
Name: AL AMERILIFE, L.L.C.  
Address: 2536 COUNTRYSIDE BLVD. 6TH FL  
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 OWEN NORTH

MGR

02/01/2011

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