

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90150 041 ***150.00

DOCUMENT # M81589

1. Entity Name

Ameri-Life & Health Services of Port Richey, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2536 Countryside Blvd

3. Mailing Address
2536 Countryside Blvd

Suite, Apt. #, etc.
Sixth Floor

Suite, Apt. #, etc.
Sixth Floor

DO NOT WRITE IN THIS SPACE

City & State
Clearwater FL

City & State
Clearwater FL

4. FEI Number
59-2900246

Applied For

Not Applicable

Zip
33763

Country
USA

Zip
33763

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name North, Heather L

Street Address (P.O. Box Number is Not Acceptable)
2536 Countryside Blvd

Sixth Floor

City Clearwater

FL

Zip Code 33763

**DO NOT WRITE
IN THIS SPACE**

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

Heather L. North

Heather L. North

4.15.02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	Shatanoff, Robert Harry	2536 Countryside Blvd., 6th Floor	Clearwater FL 33763
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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**DO NOT WRITE
IN THIS SPACE**

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Harry Shatanoff

Robert Harry Shatanoff

4-15-02

Date

727-726-0726

Daytime Phone #

CR2E034B (12/01)