2001 Uniform Business Report (UBR) TOF STALE DOCUMENT # P. 000000 21094 1. Entity Name 01 JUL 19 AM 8: 40 AMERI- LIFE + HEALTH SERVICES OF SOUTH CAROLINA 2536. COUNTRYSIDE BLUD. 2536 COUNTRYSIDE BLUD GTH. FLOOR. 6TH-FLOOR. CLEARWATER FL. 33763 CLEARWATER FL. 33763 300004486453 2. Principal Place of Susiness 3. Mailing Address -07/19/01--01077--025 \*\*\*\*\*17.50 \*\*\*\*\*62.50

DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THORNTON R MAURY 2536 COUNTRYSIDE BLUD GTH.FLR. CLEARWATER FL. 33763 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change **∑** Addition DAUISON, FLOYD BOESCH, GARY R. 2536.COUNTRISIDE BLVD. 6TH-FLR NAME NAME 2536. COUNTRYSIDE. BLVD 6TH FLR STREET ADDRESS STREET ADDRESS CITY - ST - 718 CLEARWATER FL. CITY-ST-ZIP 33763 Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS

ices not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information oburate and that my signature shall have the same legal effect as if made under oath; that I am an officer or diffector out that my name appears in Block 11 or Block 12 if

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13. I hereby certify that the information

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both in the State of Florida.

- 1. The name of the Corporation is: Ameri-Life Health & Services of South Carolina, Inc.
- 1a. Date of Incorporation: 6/14/99

Document Number: P9800007164

2. The name and address of the current registered agent and office:

R. Maury Thornton 2536 Countryside Blvd. 6<sup>th</sup> Floor Clearwater, FL 33773

3. The name and address of the new registered agent and office:

Robert Harry Shatanoff 2536 Countryside Blvd. 6<sup>th</sup> Floor Clearwater, FL 33773

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the Board.

Tiron ()

Date: June 25, 2001

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

Robert Harry Shatanoff Date: June 25, 2001