

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

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90015 047 \*\*\*150.00

**DOCUMENT #** P00000021094  
**1. Entity Name**

Ameri-Life & Health Services of South Carolina, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

B0093653

**2. Principal Place of Business**  
2536 Countryside Blvd

**3. Mailing Address**  
2536 Countryside Blvd

Suite, Apt. #, etc.  
Sixth Floor

Suite, Apt. #, etc.  
Sixth Floor

City & State  
Clearwater FL

City & State  
Clearwater FL

Zip  
33763

Country  
USA

Zip  
33763

Country  
USA

**4. FEI Number**

Applied For

Not Applicable

**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**

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

Heather L. North

(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

PDS  
Shatanoff, Robert Harry  
2536 Countryside Blvd 6th Floor  
Clearwater FL 33763

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Harry Shatanoff

04/29/02

Date

727-726-0726

Daytime Phone #

CR2E034B (12/01)