

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91515 001 \*\*\*150.00

**DOCUMENT #** P97000052605

**1. Entity Name**

Ameri-Life & Health Services of Collier County, Inc.

**DO NOT WRITE IN THIS SPACE**

643350

**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

**4. FEI Number**  
59-3452313

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

4-18-02

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 Sixth 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:**

Robert Shatanoff

Robert Shatanoff

4-18-02

727-726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)