

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

01-30-2003 90157 014 ***150.00

DOCUMENT # P98000073574

1. Entity Name

AMERI-LIFE & HEALTH SERVICES OF KNOXVILLE, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10904 KINGSTONE PIKE

3. Mailing Address
2536 Countryside Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Sixth Floor

DO NOT WRITE IN THIS SPACE

City & State
KNOXVILLE TN

City & State
Clearwater FL

4. FEI Number
59-3534141

Applied For
Not Applicable

Zip
37922

Country
USA

Zip
33763

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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

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.

(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 PD
STREET ADDRESS MILLER, MARK
CITY - ST - ZIP 10904 KINGSTONE PIKE
KNOXVILLE TN 37922

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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:

Mark Miller

2-20-03

727-726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #