

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

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90131 024 \*\*\*150.00

**DOCUMENT #** P99000059484

**1. Entity Name**

Ameri-Life & Health Services of Chattanooga, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
6441 Bonny Oaks Drive

**3. Mailing Address**  
2536 Countryside Blvd

Suite, Apt. #, etc.  
Suite A

Suite, Apt. #, etc.  
Sixth Floor

City & State  
Chattanooga TN

City & State  
Clearwater FL

Zip  
37416

Country  
USA

Zip  
33763

Country  
USA

**4. FEI Number**  
59-3599482

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

**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)

4-22-02  
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  
Campone, Salvatore  
6441 Bonny Oaks Drive, Suite A  
Chattanooga TN 37416

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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 title empowered.**

**SIGNATURE:**

Salvatore Campone

4/22/02  
Date

727-726-0726  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)