DOCUMENT # V41859				511	SECRETA	FILED (RY OF ST/ F CORPERA	ATE .
,							
Ameri-L	ife & Health Services of (01 JUL 17 AM 11: 43				
2536 Co	e of Business untryside Blvd 6th Floor ter FL 33763	Mailing Address 2536 Countrys Sixth Floor Clearwater FL					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
				DO NO	DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-314	3408		pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status De	······	\$9.75	ditional
	6. Name and Address of Current F	legistered Agent	·	7. Name and Address of	New Registe		
т	hornton, R. Maury		Name	Shatanoff, Robert H	arry		_
2	536 Countryside Blvd		Street A	et Address (P.O. Box Number is Not Acceptable) 2536 Countryside Blvd,		· · ·	
Sixth Floor Clearwater FL 33763				Sixth Floor			
					J		
IGNATURE	named entity submits this statement for Rucessand Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible		Robert H TE. Registered Agent signa [11] FEE IS \$150	Clearwater r registered agent, or both, in the Sta arry Shatanoff ture required when reinstaling) 10. Election Camp	te of Florida.	3-01 ATE 9_\$5.1	33763 00 Мау Ве
, The above IGNATURE). This corpo Tax filing re (See criter	named entity submits this statement for Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	File NOW After MAY 1, 2i Make Check Paya	s registered office o Robert H TE. Registered Agent signa VIII FEE IS \$150 001 Fee will be \$ ble to Departmer	Clearwater r registered agent, or both, in the Sta arry Shatanoff ture required when reinstaling) .00 .00 .550.00 10. Election Camp Trust Fund Cor		3 -01 ATE 3 -01 Adde	33763
, The above IGNATURE . 9. This corpo Tax filing re (See criter 1.	named entity submits this statement for Received Signature, typed or proted name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW After MAY 1, 20 Make Check Paya	s registered office o Robert H TE. Registered Agent signa IIII FEE IS \$150 001 Fee will be \$ ble to Departmer 12.	Clearwater r registered agent, or both, in the Sta iarry Shatanoff ture required when reinstating) .00 .550.00 .00 .00 .00 .00 .00 .00 .00		AND DIRECTOR	00 May Be d to Fees
	named entity submits this statement for Ruce and a statement for Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	File NOW After MAY 1, 20 Make Check Paya	s registered office o Robert H TE. Registered Agent signa VIII FEE IS \$150 001 Fee will be \$ ble to Departmer	Clearwater r registered agent, or both, in the Sta (arry Shatanoff the required when reinstating) .00 550.00 t of State ADDITIONS/CHANGES PD Davison, Floyd 2536 Countryside	te of Florida.	ATE 3-01 ATE 5-01 \$5.1 Adde Adde Change	33763
3. The above SIGNATURE 9. This corpo Tax filing re	named entity submits this statement for Received a profile name of registered agent a stration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	Ite of applicable (NO FillE NOW After MAY 1, 24 Make Check Paya DIRECTORS Delete	s registered office o Robert H TE. Registered Agent signa 1111 FEE IS \$150 001 Fee will be \$ ble to Departmer 12. TITLE NAME STREET ADDRESS	Clearwater r registered agent, or both, in the Sta iarry Shatanoff the required when reinstaling) .00 550.00 rt of State ADDITIONS/CHANGES PD Davison, Floyd 2536 Countryside Clearwater FL 3	e Blvd	AND DIRECTOR Change 6th F1	00 May Be d to Fees 35 IN 11 Addition
	named entity submits this statement for Received a profession of registered agent a bration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) PS Boegch, Gary 2536 Countryside Blvd 6th F Clearwater FL 33763 ST Thornton, R. Maury 2536 Countryside Blvd	After MAY 1, 20 Make Check Paya DIRECTORS	s registered office o Robert H TE. Registered Agent signa 1111 FEE IS \$150 001 Fee will be \$ ble to Departmer 12. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Clearwater r registered agent, or both, in the Sta iarry Shatanoff bure recuired when reinstaling) .00 10. Election Camp Trust Fund Cor t of State ADDITIONS/CHANGES PD Davison, Floyd 2536 Countryside Clearwater FL - 3 10000 -01	e Blvd	3 - 1 Arte \$5.1 Adde AnD DIRECTOR Change 6th F1 Change 0 - 0 - 0 - 0 - 0 - 0 -	00 May Be d to Fees 35 IN 11 Additio
B. The above SIGNATURE SIGNATURE 9. This corpor Tax filing ra (See criter 11. ITLE IAME ITREET ADDRESS SITY-ST-ZIP ITLE IAME ITREEI ADDRESS SITY-ST-ZIP ITLE IAME ITREEI ADDRESS SITY-ST-ZIP ITLE IAME ITREEI ADDRESS STREET ADDRESS	named entity submits this statement for Received a profession of registered agent a bration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) PS Boegch, Gary 2536 Countryside Blvd 6th F Clearwater FL 33763 ST Thornton, R. Maury 2536 Countryside Blvd	Ite of applicable (NO FillE NOW After MAY 1, 24 Make Check Paya DIRECTORS Delete	s registered office o Robert H TE. Registered Agent signa 1111 FEE IS \$150 001 Fee will be \$ ble to Departmer 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Clearwater r registered agent, or both, in the Sta iarry Shatanoff the required when reinstaling) .00 550.00 rt of State ADDITIONS/CHANGES PD Davison, Floyd 2536 Countryside Clearwater FL 3 10000 -0	te of Florida.	3 - 1 Arte \$5.1 Adde AnD DIRECTOR Change 6th F1 Change 0 - 0 - 0 - 0 - 0 - 0 -	20 May Be d to Fees RS IN 11 Additio
I. The above IGNATURE I.	named entity submits this statement for Received a profession of registered agent a bration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) PS Boegch, Gary 2536 Countryside Blvd 6th F Clearwater FL 33763 ST Thornton, R. Maury 2536 Countryside Blvd	Action of applicable (NO File NOW After MAY 1, 20 Make Check Paya DIRECTORS Delete loor Delete	s registered office o Robert H TE. Registered Agent signa IIII FEE IS \$150 001 Fee will be \$ ble to Departmer 12. 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	Clearwater r registered agent, or both, in the Sta iarry Shatanoff the required when reinstaling) .00 550.00 rt of State ADDITIONS/CHANGES PD Davison, Floyd 2536 Countryside Clearwater FL 3 10000 -0	te of Florida.	3 - 1 Arte \$5.1 Adde And DIRECTOR Change 6th Fl Change 6th Fl - 01017	233763 00 May Be d to Fees RS IN 11 2 Additio Additio 025 62.50

•;

÷

Requester's Name Address City/State/Zap Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1.				
City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Corporation Name) (Document #) 2. (Corporation Name) (Corporation Name) (Document #) 3. (Corporation Name) (Corporation Name) (Document #) 4. (Corporation Name) (Corporation Name) (Document #) 4. (Corporation Name) (Document #) (Document #) 4. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) 5. (Corporation Name) (Document #) 6. Pick up time Certificat Copy 1. (Amendment SociOl (21017-025) 5. (Corporation Name) Domestation 1. Domesti	Requester's Name			
Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. . (Corporation Name) . (Document #) . . . (Corporation Name) . (Document #) 	Address			
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) 5. (Corporation Name) (Document #) 6. (Corporation Name) (Document #)	City/State/Zip Phone #			
1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) 9. Mail out Will wait Photocopy 9. Certificate of Status (Document #) NEW FILINGS Amendment ******97.50 9. Not for Profit Amendment *******35.00 10. Domestication Dissolution/Withdrawal Other			Office Use Only	<u>}</u>
2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) 6. Mail out Will wait Photocopy 9. Mail out Will wait Photocopy Certificate of Status NEW FILINGS Amendment ******37.50 ******37.50 9. Not for Profit <td< th=""><th>CORPORATION NAME(S) & DOCUM</th><th>MENT NUMBER(S), (if I</th><th>(nown):</th><th>,</th></td<>	CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if I	(nown):	,
2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) 6. Mail out Will wait Photocopy 9. Mail out Will wait Photocopy Certificate of Status NEW FILINGS Amendment ******37.50 ******37.50 9. Not for Profit <td< th=""><th>1</th><th></th><th></th><th>· · · · · · · · · · · · · · · · · · ·</th></td<>	1			· · · · · · · · · · · · · · · · · · ·
3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) 6. Walk in Pick up time Certified Copy 6. Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS \$000004:5107290 9. Profit Amendment *****37.50 9. Profit Amendment ******37.50 10. Not for Profit Amendment ******37.50 11. Domestication Dissolution/Withdrawal Dissolution/Withdrawal 12. Other Merger Merger 0 Annual Report Foreign Limited Partnership 12. Reinstatement Trademark Other	(Corporation Name)	(Document #)		
4.	2(Corporation Name)	(Document #)		<u>+</u>
(Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS 90000045107290 Profit Amendment *****37.50 Profit Amendment ******35.00 Not for Profit Resignation of R.A., Officer/Director Limited Liability Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Limited Partnership Reinstatement Trademark Other	3 (Corporation Name)	(Document #)		- , -
Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS SOCOO45107290 -08/01/0101017025 Profit Amendment *****37.50 Not for Profit Resignation of R.A., Officer/Director Limited Liability Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Foreign Other Other	4(Corporation Name)	(Document #)	<u></u>	
NEW FILINGS AMENDMENTS 9000045107290 Profit Amendment -08/01/0101017025 Not for Profit Amendment ******97.50 Domestication Change of Registered Agent Dissolution/Withdrawal Other Merger Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Limited Partnership Reinstatement Other Other	Walk in Pick up time	<u> </u>	Certified Co	, opy
Image: Annual Report Annual Report Annual Report Fictitious Name	Mail out Will wait	Photocopy	Certificate	of Status
 Annual Report Fictitious Name Fictitious Name Limited Partnership Reinstatement Trademark Other 	 Profit Not for Profit Limited Liability Domestication Other 	 Amendment Resignation of R.A Change of Register Dissolution/Withd Merger 	-08/01. ***** A., Officer/Direct red Agent rawal	(0101017025 97.50 *****35.00 or
Examiner's Initials	Annual Report	 Foreign Limited Partnershi Reinstatement Trademark 		Y
CR2E031(7/97)	CP2F031(7/07)		Examiner's I	nitials

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 Greenville, Inc.

1a. Date of Incorporation: 6/5/92 Document Number: V41859

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

R. Maury Thornton 2536 Countryside Blvd. 6th Floor Clearwater, FL 33773

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

Robert Harry Shatanoff 2536 Countryside Blvd. 6th 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.

vison

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