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| • | MENT # V41862 | ness hep | OR I | (UDH) | SECRETAR BIVISIALETAR | | | NE. | |
| Ameri-Life & Health Services of Greensboro, Inc. | | | | | DIVISION OF CORPORATIONS OI JUL 17 PM 12: 30 | | | | |
| Principal Place of Business 4004-J Spring Garden Street 2536 Countryside Sixth Floor | | | | ⁄d | | | 1112:3 | 30 | |
| Greensboro NC 27407 Clearwater FL 333 | | | | | | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & Stat | e | City & State | | · | 4. FEI Number 59-314340 | 01 | | plied For t Applicable | |
| Zip | Country Zip | | Count | try | | | 8.75 Add | 3.75 Additional | |
| | 6. Name and Address of Current F | l Registered Agent | | 7. Name and Address of New Registered Agent | | | | | |
| | | | | Name Shatanoff, Robert Harry | | | | | |
| Thornton, R. Maury | | | | Street Address (P.O. Box Number is Not Acceptable) 2536 Countryside Blvd, | | | | | |
| | 536 Countryside Blvd | | | 2 | | | | | |
| Sixth Floor | | | | Sixth Floor | | | | | |
| (| Clearwater FL 33763 | City | | City C | Clearwater | FL | Zip Code | 3763 | |
| 8. The above | named entity submits this statement for Rolled A Signature, typed or printed name of registered agent at | hala M | / | ed office or registe t Harry Agent signature require | 7/12/2 | Florida. | | | |
| 9. This corpo Tax filing r (See criter | FILE NO After MAY 1, Make Check Pay | 2001 Fee | IS \$150.00 will be \$550.00 epartment of St | | • - | | 0 May Be to Fees | | |
| 11. | OFFICERS AND (| | 12. | | ADDITIONS/CHANGES TO C | FFICERS AND | _ | | = |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Ezell, David 4004-J Spring Garden Street Greensboro NC 27407 | □ Delete | | | | | ☐ Change | ☐ Addition | TD9E04 /11/00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Thornton, R. Maury 2536 Countryside Blvd -Clearwater FL 33763 | ∑ Delete | | ; | 00000- -08/0 **** | 4510 01/010 #97.50 | 700 1017 ***** | □ Adding 1 | יםע |
| TITLE NAME STREET AODRESS CHY-ST-ZIP | | Delete | - 4 | l. | | | ☐ Change | Addition | |
| TITLE NAME | | Delete | TITLE | : | | | Change | ☐ Addition | |

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 oformation 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SICALATURE:

David Ezell

June 25, 2001 (727) 726-0726

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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 Greensboro, Inc.
- 1a. Date of Incorporation: 6/5/92 Document Number: V41862
- 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.

David Ezell

Director

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