2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0000001888

FILED Feb 16, 2005 Secretary of State

Entity Name: AMERI-LIFE & HEALTH SERVICES OF CHARLOTTE COUNTY, L.L.C.

Current Principal Place of Business: New Principal Place of Business:

4017 S. TAMIAMI TRAIL PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

2536 COUNTRYSIDE BLVD., 6TH FLOOR P O BOX 15059

CLEARWATER, FL 33763 CLEARWATER, FL 33766

FEI Number: 59-3665463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NORTH, HEATHER 2536 COUNTRYSIDE BLVD, 6TH FL CLEARWATER, FL 33763 US

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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

 Title:
 MGRM () Delete
 Title:
 MGRM (X) Change () Addition

 Name:
 SESTILIO, STEPHEN
 Name:
 SESTILIO, STEPHEN

 Address:
 4017 S TAMIAMI TRAIL
 Address:
 P O BOX 3677

 City-St-Zip:
 PORT CHARLOTTE, FL 33952
 City-St-Zip:
 HOLIDAY, FL 34690

Title: MGR () Delete Title: () Change () Addition

 Name:
 NATIONAL DEVELOPMENT, SERVICES, LLC
 Name:

 Address:
 2536 COUNTRYSIDE BLVD 6TH FLOOR
 Address:

 City-St-Zip:
 CLEARWATER, FL 33763
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEPHEN SESTILIO MGR 02/16/2005