2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000001888

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

Principal Place of Business	Mailing Address
4017 S. TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	P O BOX 15059 CLEARWATER, FL 33766

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02032006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3665463
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when reinstating)*

Filing Fee is $50.00
Due by May 1, 2006

000000476183
04/05/06-80045-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SESTILIO, STEPHEN
STREET ADDRESS	P O BOX 3677
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	MGR
NAME	NATIONAL DEVELOPMENT SERVICES, LLC
STREET ADDRESS	2536 COUNTRYSIDE BLVD 6TH FLOOR
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] STEPHEN SESTILIO 3-9-06 727-726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #