2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 15, 2007 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



DO NOT WRITE IN THIS SPACE

01222007 No Chg-LLC C

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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	named entity submits this statement for the purpose of chaions of registered agent.	inging its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		•
NAME	SESTILIO, STEPHEN		
STREET ADDRESS	P O BOX 3677		
CITY-ST-ZIP	HOLIDAY, FL 34690		

000000667568 03/26/07-80033-018 50.00

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MGR TITLE NAME NATIONAL DEVELOPMENT SERVICES, LLC 2536 COUNTRYSIDE BLVD 6TH FLOOR STREET ADORESS CITY-ST-ZIP CLEARWATER, FL 33763 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZIP TITLE

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 of the receiver of trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TIMOTHY O NORTH.

RINTED NAME OF SIGRING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE

3-8-07

727-726-0726

Date

Daytime Phone #