## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M0000001890

FILED Feb 16, 2005 Secretary of State

Entity Name: AMERI-LIFE HEALTH SERVICES OF NORTH FLORIDA, L.L.C.

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

8301 CYPRESS PLAZA DR. SUITE 104 JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

2536 COUNTRYSIDE BLVD P O BOX 15059

6TH FL CLEARWATER, FL 33766 CLEARWATER, FL 33763

FEI Number: 59-3665455 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:
 GAMBINO, JASON
 Name:
 GAMBINO, JASON

 Address:
 8301 CYPRESS PLAZA DR., SUITE 104
 Address:
 P O BOX 3677

 City-St-Zip:
 JACKSONVILLE, FL 32256
 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: JASON GAMBINO MGR 02/16/2005