

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M00000001890	
1. Entity Name AMERI-LIFE HEALTH SERVICES OF NORTH FLORIDA, L.L.C.	

Principal Place of Business 8301 CYPRESS PLAZA DR. SUITE 104 JACKSONVILLE, FL 32256	Mailing Address P O BOX 15059 CLEARWATER, FL 33766
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DO NOT WRITE IN THIS SPACE



02032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3665455	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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IN THIS SPACE**

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

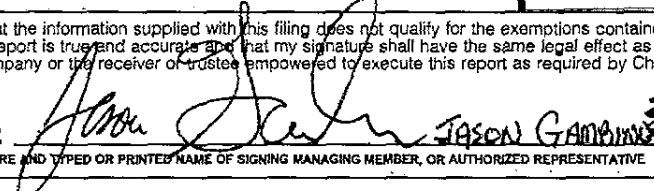
**Filing Fee is \$50.00
Due by May 1, 2006**

11000000476224
04/06/06-80001-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAMBINO, JASON P O BOX 3677 HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATIONAL DEVELOPMENT SERVICES, LLC 2536 COUNTRYSIDE BLVD 6TH FLOOR CLEARWATER, FL 33763
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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 609, Florida Statutes.

SIGNATURE:  JASON GAMBINO 3/10/06 727-726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #