

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2007 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**



01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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, 2007**

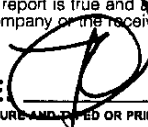
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GAMBINO, JASON
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/07-80033-025 50.00

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IN THIS SPACE**

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  **TIMOTHY O. NORTH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-8-07

Date

727-726-0726

Daytime Phone #