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	Mailing Address
8301 CYPRESS PLAZA DR. SUITE 104 JACKSONVILLE, FL 32256	P O BOX 15059 CLEARWATER, FL 33766

DO NOT WRITE IN THIS SPACE

01222007 No 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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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	
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NAME	
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CITY-ST-ZIP	

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03/26/07-80033-025 50.00

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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: Timothy O. North 3-8-07 727-726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #