2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# M00000001890

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

Current Principal Place of Business:

8301 CYPRESS PLAZA DR.
SUITE 104
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P O BOX 15059
CLEARWATER, FL 33766

New Mailing Address:

FEI Number: 59-3665455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORTH, HEATHER
2536 COUNTRYSIDE BLVD., 6TH FL
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

HIGHTOWER, R NATHAN ESQ
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: R NATHAN HIGHTOWER 04/09/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: GAMBINO, JASON
Address: P O BOX 3677
City-St-Zip: HOLIDAY, FL 34690

Title: MGR ( ) Delete
Name: NATIONAL DEVELOPMENT, SERVICES, LLC
Address: 2536 COUNTRYSIDE BLVD 6TH FLOOR
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: AL AMERILIFE, LLC,
Address: 2536 COUNTRYSIDE BLVD 6TH FLOOR
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TIMOTHY O NORTH MGR 04/09/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date