2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# M00000001893

Entity Name: AMERI-LIFE & HEALTH SERVICES OF THE GULFCOAST, L.L.C.

Current Principal Place of Business:

4960 FRUITVILLE ROAD
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

2536 COUNTRYSIDE BLVD
6TH FLOOR
CLEARWATER, FL 33763 US

New Mailing Address:

P O BOX 15059
CLEARWATER, FL 33766 US

FEI Number: 59-3665452 **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:

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:

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

Title: MGR ( ) Delete
Name: HEFTI, DAVID
Address: 4960 FRUITVILLE RD
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: HEFTI, DAVID
Address: P O BOX 3677
City-St-Zip: HOLIDAY, FL 34690

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: DAVID HEFTI MGR 02/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date