2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90049 048 ****50.00

1. Entity Name AMERI-LI	FE & HE	ALTH SERVICES O	OF HOLIDAY, L.L.C.									
Principal Place	e of Busines:	s	Mailing Address					200	000			
Principal Place of Business 2246 U.S. HWY 19, MT VERNON PLAZA HOLIDAY, FL 34691			P.O. BOX 15059 CLEARWATER, FL 33766				20020945					
2. Principal Pl	lace of Busir	ness	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				0208200	6 Chg-L	LC	CR2E0	83 (11/05)	
City & State	9	·	City & State				4. FEI Nun 59-36	nber 65212				pplied For lot Applicable
Zip		Country	Zip	Coun	try		5. Certifica	ite of Status D	Desired		\$5.00 Ad Fee Requir	
	6. Name	and Address of Current R	legistered Agent				7. Name a	nd Address (of New Re	gistered A	\gent	•
					Name							
NORTH, H 2536 COU CLEARWA	NTRYSID	E BLVD 6TH FL			Street A	Address (F	P.O. Box Nun	nber is Not Ad	ceptable)			
4,		· Č			City	•				FL	Zip Co	de
	named entit ions of regist	y submits this statement for tered agent.	the purpose of changing its	register	ed office o	registere	ed agent, or	both, in the St	ate of Flori	da. I am I	amiliar with	, and accept
SIGNATURĖ,	Signeture, typed	or printed name of registered agent ar	nd title if applicable. (NOT	E: Registere	d Agent signa	ture required	when reinstating)			DATE		
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Di	ling Fee i ue by Ma			10.		1000		ADI	Florida I	Departm	ent of Sta	
9. TITLE	ling Fee ue by Ma	y 1, 2006 MANAGING MEMBER	☐ Delete	TITL		MGR CHA	PMAN,	ADI CLINTO	Florida I	Departm		te Addition
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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: CLINTON CHAPMAN	3-9-06	727-726-0726
SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #