

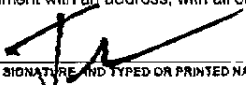


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # H63188						
1. Entity Name AMERI LIFE AND HEALTH SERVICES OF SARA-BAY, INC.						
Principal Place of Business 2538 COUNTRYSIDE BLVD SIXTH FLOOR CLEARWATER, FL 33763 US	Mailing Address 2538 COUNTRYSIDE BLVD SIXTH FLOOR CLEARWATER, FL 33763 US	 03272006 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 59-2577573</td><td>Applied For Not Applicable</td></tr><tr><td>5. Certificate of Status Desired <input type="checkbox"/></td><td>\$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-2577573	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
4. FEI Number 59-2577573	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required					
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent NORTH, HEATHER L 2538 COUNTRYSIDE BLVD., SIXTH FLOOR 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000492869 04/19/06-80074-020 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORTH, TIMOTHY O 2538 COUNTRYSIDE BLVD. 6TH FLR CLEARWATER, FL 33763					
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		TIMOTHY O. NORTH. 3/28/06 727-726-0726 <small>Date Daytime Phone</small>				