2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001889

1. Entity Name
AMERI-LIFE HEALTH SERVICES OF SARA-BAY, L.L.C.

Principal Place of Business	Mailing Address
6513 14TH STREET W., STE 121 BRADENTON, FL 34207	P O BOX 15059 CLEARWATER, FL 33766

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02032006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
59-3665484		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 FLOOR
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, 2006

IIII0000476176
04/05/06-80045-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NATIONAL DEVELOPMENT SERVICES, LLC
STREET ADDRESS	2536 COUNTRYSIDE BLVD. 6TH FLOOR
CITY-ST-ZIP	CLEARWATER, FL 33763

TITLE	MGR
NAME	ROBERTS, GREG
STREET ADDRESS	P O BOX 3677
CITY-ST-ZIP	HOLIDAY, FL 34690

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____ GREGORY ROBERTS 3/9/06 727-726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #