


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # M00000001889 1. Entity Name AMERI-LIFE HEALTH SERVICES OF SARA-BAY, L.L.C.	
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Principal Place of Business 6513 14TH STREET W., STE 121 BRADENTON, FL 34207	Mailing Address P O BOX 15059 CLEARWATER, FL 33766
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01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3665484	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NORTH, HEATHER 2536 COUNTRYSIDE BLVD 6TH 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 _____
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATIONAL DEVELOPMENT SERVICES, LLC 2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, GREG P O BOX 3677 HOLIDAY, FL 34690
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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:  **TIMOTHY O. NORTH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-8-07

Date

727-726-0726

Daytime Phone #