

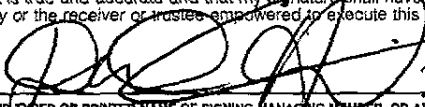


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2006 08:00 A
Secretary of State

DOCUMENT # M00000001893		
1. Entity Name AMERI-LIFE & HEALTH SERVICES OF THE GULFCOAST, L.L.C.		
Principal Place of Business 4960 FRUITVILLE ROAD SARASOTA, FL 34232		Mailing Address P O BOX 15059 CLEARWATER, FL 33766 US
DO NOT WRITE IN THIS SPACE		
		
		02032006 No Chg-LLC CR2E083 (11/05)
4. FEI Number 59-3665452		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
NORTH, HEATHER 2536 COUNTRYSIDE BLVD., 6TH FL 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 reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
11000000476222 04/06/06-80001-002 50.00		
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 HEFTI, DAVID P O BOX 3677 HOLIDAY, FL 34690	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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:  DAVID HEFTI 3-9-06 727-726-0726		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
<small>Date Daytime Phone #</small>		