

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M00000001895

1. Entity Name
**AMERI-LIFE & HEALTH SERVICES OF SARASOTA
COUNTY, L.L.C.**



Principal Place of Business
**543 U.S. HWY 41 BYPASS N.
BIRD BAY PLAZA
VENICE, FL 34292**

Mailing Address
**P O BOX 15059
CLEARWATER, FL 33766**



01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3665461

Applied For
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 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 _____

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
**MGRM
KAYSER, KURT
P O BOX 3677
HOLIDAY, FL 24690**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000667569
03/26/07-80033-019 50.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TIMOTHY O. NORTH

3-8-07.

Date

727-726-0226

Daytime Phone #