2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001899

1. Entity Name

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

AMERI-LIFE HEALTH SERVICES OF LAKE COUNTY, L.L.C.



Principal Place of Business

Mailing Address

1107 NORTH BLVD W., STE 24 LEESBURG, FL 34748 P O BOX 15059 CLEARWATER, FL 33766 FILED Mar 15, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01222007 No Chg-LLC

CR2E083 (11/05)

727-726-0726

4.	FEI Number 59-3665486		Applied For Not Applicable
5.	Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

NORTH, HEATHER L 2536 COUNTRYSIDE BLVD 6TH FL CLEARWATER, FL 33763

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan lions of registered agent.	iging its registered office or registered agent, or both, in t	he State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATIONAL DEVELOPMENT SERVICES, LLC 2536 COUNTRYSIDE BLVD 6TH FL CLEARWATER, FL 33763		•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAMS, MIKE 1107 NORTH BLVD W STE 24 LEESBURG, FL 34748		03/26/07-80033-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	
TITLE NAME			

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 frue 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 receives or prustee empowered to execute this report as required by Chapter 608, Florida Statutes.