

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001899

FILED
Apr 08, 2008
Secretary of State

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

Current Principal Place of Business:

1107 NORTH BLVD W., STE 24
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

P O BOX 15059
CLEARWATER, FL 33766

New Mailing Address:

FEI Number: 59-3665486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HIGHTOWER, R NATHAN ESQ
2536 COUNTRYSIDE BLVD 6TH FL
CLEARWATER, FL 33763 US

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.

SIGNATURE: R NATHAN HIGHTOWER

04/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NATIONAL DEVELOPMENT, SERVICES, LLC
Address: 2536 COUNTRYSIDE BLVD 6TH FL
City-St-Zip: CLEARWATER, FL 33763

Title: MGR (X) Delete
Name: ADAMS, MIKE
Address: 1107 NORTH BLVD W STE 24
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AL AMERILIFE, LLC,
Address: 2536 COUNTRYSIDE BLVD 6TH FL
City-St-Zip: CLEARWATER, FL 33763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

04/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date