

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M00000001903**

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



Principal Place of Business  
**1943 COLONIAL BLVD  
REGENCY SQUARE SHOPPING CENTER  
FT. MYERS, FL 33907**

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



02032006 No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3665483**

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, 2008**

**U000000476179  
04/05/06-80045-021 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	HALSTEAD, DONALD
STREET ADDRESS	P O BOX 3677
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	MGR
NAME	NATIONAL DEVELOPMENT SERVICES, LLC
STREET ADDRESS	2536 COUNTRYSIDE BLVD 6TH FL
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:** \_\_\_\_\_

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

**DONALD HALSTEAD 3/9/06 727-726-0726**

Date

Daytime Phone #