


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # M00000001904</b> 1. Entity Name <b>AMERI-LIFE &amp; HEALTH SERVICES OF HERNANDO COUNTY, L.L.C.</b>	
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Principal Place of Business <b>12083 CORTEZ BLVD. BROOKSVILLE, FL 34613</b>	Mailing Address <b>P O BOX 15059 CLEARWATER, FL 33766</b>
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>59-3665210</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>NORTH, HEATHER 2536 COUNTRYSIDE BLVD, 6TH FL CLEARWATER, FL 33763</b>
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**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	MGR NATIONAL DEVELOPMENT SERVICES, LLC 2536 COUNTRYSIDE BLVD 6TH FL CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JURKOWSKI, CHRIS P O BOX 3677 HOLIDAY, FL 34690
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/07-80033-012 50.00

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:**  **TIMOTHY O NORTH.** **3-8-07** **727-726-0726**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #