## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # M0000001906

AMERI-LIFE & HEALTH SERVICES OF TAMPA BAY, L.L.C.



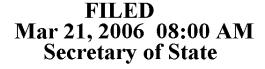
Principal Place of Business

1377 OAKFIELD DRIVE BRANDON, FL 33511

Mailing Address

P 0 BOX 15059

CLEARWATER, FL 33766





02032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3665467

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

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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.	
	the configurate of regionalities again.	

SIGNATURE Signature, types or printed name of registered agent and title if applicable

INOTE Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

04/05/06-80045-022 **50.00** 

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATIONAL DEVELOPMENT SERVICES, LLC 2536 COUNTRYSIDE BLVD. 8TH FLOOR CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EATON, TODD P O BOX 3677 HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	

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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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER, OR AUTHORIZED REP