· 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Entity Name

AMERI-LIFE & HEALTH SERVICES OF CITRUS COUNTY, L.L.C.



Principal Place of Business

217 E. HIGHLAND BLVD. HIGHLAND SQUARE INVERNESS, FL 34452 Mailing Address

P 0 BOX 15059 CLEARWATER, FL 33766



DO NOT WRITE IN THIS SPACE

02032006 No Chg-LLC CR2E083 (11/05)

4. FE) Number 59-3665207 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulard

5. Name and Address of Current Registered Agent

NORTH, HEATHER 2536 COUNTRYSIDE BLVD., 6TH FLOOR 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

INOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006 U00000476171 04/05/06-80045-017 50.00

	9.	MANAGING MEMBERS/MANAGERS
•	· · · · · · · · · · · · · · · · · · ·	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATIONAL DEVELOPMENT SERVICES, LLC 2536 COUNTRYWIDE BLVD. 6TH FL. CLEARWATER, FL. 33763
	TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR BUCK, MICAH 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 STREET ADDRESS	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 DE SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVI

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727-126-0720

Daytime Phone #