


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M00000002060 1. Entity Name AMERI-LIFE & HEALTH SERVICES OF CITRUS COUNTY, L.L.C.	
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Principal Place of Business 217 E. HIGHLAND BLVD. HIGHLAND SQUARE INVERNESS, FL 34452	Mailing Address P O BOX 15059 CLEARWATER, FL 33766
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01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3665207	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NORTH, HEATHER 2536 COUNTRYSIDE BLVD., 6TH FLOOR CLEARWATER, FL 33763
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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 COUNTRYWIDE BLVD. 6TH FL. CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUCK, MICAH P O BOX 3677 HOLIDAY, FL 34690
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<p>U00000667563 03/26/07-80033-013 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 #