

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002059

**FILED**  
**Apr 25, 2005**  
**Secretary of State**

**Entity Name:** AMERI-LIFE AND HEALTH SERVICES OF CAPE CORAL, L.L.C.

**Current Principal Place of Business:**

2536 COUNTRYSIDE BLVD., 6TH FL  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

2536 COUNTRYSIDE BLVD., 6TH FL  
CLEARWATER, FL 33763

**New Mailing Address:**

**FEI Number:** 42-1591049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NORTH, HEATHER L  
2536 COUNTRYSIDE BLVD., 6TH FL  
CLEARWATER, FL 33763 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: YORK, CHRISTOPHER  
Address: 2536 COUNTRYSIDE BLVD., 6TH FL  
City-St-Zip: CLEARWATER, FL 33763

Title: MGR ( ) Delete  
Name: NATIONAL DEVELOPMENT, SERVICES, LLC  
Address: 2536 COUNTRYSIDE BLVD 6TH FLOOR  
City-St-Zip: CLEARWATER, FL 33763

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** CHRISTOPHER YORK

MGR

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date