## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # M03000002417

1. Entity Name

AMERI-LIFE & HEALTH SERVICES OF PENSACOLA. L.L.C.



Principal Place of Business

2536 COUNTRYSIDE BLVD

6TH FLOOR CLEARWATER, FL 33763

SIGNATURE:

Mailing Address P O BOX 15059

CLEARWATER, FL 33766

## DO NOT WRITE IN THIS SPACE

01222007 No Cha-LLC

CR2E083 (11/05)

**FILED** 

Mar 15, 2007 08:00 AM

**Secretary of State** 

4. FEI Number Applied For 20-2287181 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. 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		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGR NATIONAL DEVELOPMENT SERVICES, LLC 2536 COUNTRYSIDE BLVD 6TH FLOOR CLEARWATER, FL 33763	ţ	
NAME STREET ADDRESS CITY-ST-ZIP		0000006675 03/26/07-8003	77 4-002 50.00
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NAME STREET ADDRESS CITY- ST-ZIP	\		

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 flability company or the policy or justee empowered to execute this report as required by Chapter 608, Florida Statutes.

TIMOTHY O NORTH

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE