


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90019 001 \*\*\*\*50.00

<b>DOCUMENT # M03000002418</b>	
1. Entity Name <b>AMERI-LIFE &amp; HEALTH SERVICES OF LAKE LAND, L.L.C.</b>	

Principal Place of Business <b>2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER, FL 33763</b>	Mailing Address <b>2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER, FL 33763</b>
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**24064800**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04152004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0087158</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SHATANOFF, ROBERT H 2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER, FL 33763</b>		7. Name and Address of New Registered Agent Name <b>HEATHER NORTH</b> Street Address (P.O. Box Number is Not Acceptable) <b>2536 COUNTRYSIDE BLVD. 6TH FL.</b> City <b>CLEARWATER</b> FL <b>33763</b>	
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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.	
SIGNATURE <i>Heather North 4-15-04</i>	DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR YORK, CHRISTOPHER 2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER, FL 33763</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr National Development Services, LLC 2536 Countryside Blvd. 6th Floor Clearwater FL 33763</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Heather North Authorized Rep 4-15-04</i>	DATE

*727-786-026*