

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007509

FILED
Apr 28, 2011
Secretary of State

Entity Name: HEALTH OPTIONS DIRECT LLC

Current Principal Place of Business:

13831 SOUTH DIXIE HWY
PALMETTO BAY, FL 33176

New Principal Place of Business:

6855 SW 120 ST
PALMETTO BAY, FL 33156 UN

Current Mailing Address:

13831 SOUTH DIXIE HWY
PALMETTO BAY, FL 33176

New Mailing Address:

6855 SW 120 ST
PALMETTO BAY, FL 33156 UN

FEI Number: 26-1802716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

GRACIA, ELIBERTO J
6855 SW 120 ST
MIAMI, FL 33156 US

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: ELIBERTO GRACIA

04/28/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: GRACIA, ELIBERTO JUAN JR
Address: 13831 SOUTH DIXIE HWY
City-St-Zip: PALMETTO BAY, FL 33176 UN

Title: MGR
Name: MARTINEZ, ARIEL
Address: 13831 SOUTH DIXIE HWY
City-St-Zip: PALMETTO BAY, FL 33176 UN

Title: MGR
Name: GRACIA, ELY
Address: 6855 SW 120 ST
City-St-Zip: MIAMI, FL 33156 UN

Title: MGR
Name: GRACIA, ELY
Address: 6855 SW 120 ST
City-St-Zip: MIAMI, FL 33156 UN

Title: MGR
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Address: 6855 SW 120 ST
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Title: MGR
Name: GRACIA, ELY
Address: 6855 SW 120 ST
City-St-Zip: MIAMI, FL 33156 UN

I hereby 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: ELIBERTO GRACIA

MEMB

04/28/2011

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