

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000129997

**Entity Name:** ALLIANCE HEALTH OPTIONS LLC

**Current Principal Place of Business:**

1200 N FEDERAL HIGHWAY  
#201  
BOCA RATON,, FL 33432

**Current Mailing Address:**

1200 N FEDERAL HIGHWAY  
#201  
BOCA RATON,, FL 33432

**FEI Number:** 46-1176918

**Certificate of Status Desired:** No

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

WEINTRAUB, JAMES  
7900 GLADES ROAD  
SUITE 330  
BOCA RATON, FLA, FL 33343 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name MAHLER, DAVID B  
Address 1200 N FEDERAL HIGHWAY #201  
City-State-Zip: BOCA RATON, FL 33432

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID MAHLER

**PRESIDENT**

**02/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date