

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000121336

**Entity Name:** HEALTH OPTIONS RX LLC

**Current Principal Place of Business:**

2300 N. DIXIE HWY  
SUITE 101  
BOCA RATON, FL 33431

**Current Mailing Address:**

2300 N. DIXIE HWY  
SUITE 101  
BOCA RATON, FL 33431 US

**FEI Number:** 82-1747696

**Certificate of Status Desired:** No

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

TAX DEPOT HOLDING CORP.  
3678 W OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33311 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	Title	MANAGER
Name	HABLAK, MARGITA	Name	HABLAK, JOHN
Address	3678 W OAKLAND PARK BLVD	Address	2300 N. DIXIE HWY SUITE 101
City-State-Zip:	FT LAUDERDALE FL 33311	City-State-Zip:	BOCA RATON FL 33431

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARGITA HABLAK

**MANAGER**

**04/29/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date