

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000005949

FILED  
Apr 28, 2003  
Secretary of State

**Entity Name:** HEALTH CARE INNOVATIONS, LLC

**Current Principal Place of Business:**

5523 AVENUE DU SOLEIL  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

5523 AVENUE DU SOLEIL  
LUTZ, FL 33558

**New Mailing Address:**

**FEI Number:** 59-3648505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUSH, BRIAN P  
3411 WEST FLETCHER AVENUE  
STE B  
TAMPA, FL 33618 US

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

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

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: FOOTE, STEPHANIE A  
Address: 5523 AVE. DU SOLEIL  
City-St-Zip: LUTZ, FL 33558

Title: MGR ( ) Delete  
Name: STRAKA, DEBORAH  
Address: 218 PRESTONWOOD LANE  
City-St-Zip: MCMURRAY, PA 15317

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHANIE A. FOOTE

MGR

04/28/2003

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