

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015175

1. Entity Name

HEALTHECLICKS, LLC

Principal Place of Business

Mailing Address

10008 NORTH DALE MABRY
SUITE 214
TAMPA FL 33618

10008 NORTH DALE MABRY
SUITE 214
TAMPA FL 33618

FILED

01 JUL 27 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10008 North Dale Mabry

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

214

City & State

Tampa, FL

City & State

Zip

33618

Country

Hillsborough

Country

4. FEI Number

59-3685539

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIONDI, LOUIS O JR.
10008 NORTH DALE MABRY, SUITE 214
TAMPA FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME GRADY, CHRISTOPHER M
STREET ADDRESS 10008 NORTH DALE MABRY
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME PATCHEN, JASON M
STREET ADDRESS 10008 NORTH DALE MABRY
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME SCHODER, MARK A
STREET ADDRESS 10008 NORTH DALE MABRY
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

LOUIS O. BIONDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/24/2001

813.349-2174

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE