

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000011811

FILED  
Apr 08, 2002 8:00 AM  
Secretary of State

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

**Current Principal Place of Business:**

951 ARDEN STREET  
LONGWOOD, FL 32750

**New Principal Place of Business:**

860 EAST SEMORAN BLVD.  
CASSELBERRY, FL 32707

**Current Mailing Address:**

951 ARDEN STREET  
LONGWOOD, FL 32750

**New Mailing Address:**

860 EAST SEMORAN BLVD.  
CASSELBERRY, FL 32707

**FEI Number:** 59-3731876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CLARK, CHATRICK L  
951 ARDEN STREET  
LONGWOOD, FL 32750 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: MGRM ( ) Delete  
Name: CLARK, CHATRICK L  
Address: 951 ARDEN STREET  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES:**

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: CHATRICK L. CLARK

MGRM

04/08/2002

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