FILED

03 MAY 22 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011811

1. Entity Name
HEALTH CARE OPTIONS, LLC

Principal Place of Business	Mailing Address
860 EAST SEMORAN BLVD. CASSELBERRY, FL 32707	860 EAST SEMORAN BLVD. CASSELBERRY, FL 32707

000019732880
05/22/03--01013--019 **55.00

2. Principal Place of Business	3. Mailing Address
953 Islington Street	
Suite, Apt. #, etc.: Suite 23	Suite, Apt. #, etc.
City & State: Portsmouth, NH	City & State
Zip: 03857 Country: USA	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3731876 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, CHATRICK L
951 ARDEN STREET
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name: CHATRICK CLARK
Street Address (P.O. Box Number is Not Acceptable): 860 East Semoran Blvd
City: Casselberry FL Zip Code: 32707

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Chatrick L. Clark 5/19/03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CLARK, CHATRICK L		NAME		
STREET ADDRESS	951 ARDEN STREET		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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: Chatrick L. Clark 5/19/03 603-431-2480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #