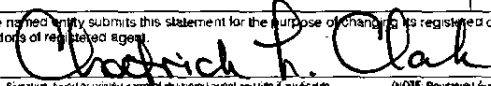
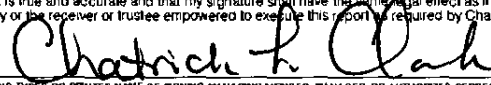


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03 MAY 22 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011811			
1. Entity Name HEALTH CARE OPTIONS, LLC			
Principal Place of Business 860 EAST SEMORAN BLVD. CASSELBERRY, FL 32707		Mailing Address 860 EAST SEMORAN BLVD. CASSELBERRY, FL 32707	
2. Principal Place of Business 953 Islington Street Suite, Apt. #, etc. Suite 23 City & State Portsmouth, NH Zip 03857 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-3731876		Applied For (Not Applicable)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CLARK, CHATRICK L 961 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  Signature, typed or printed name of registered agent and title if applicable		DATE 5/19/03 (NOTE: Registered Agent Signature required when dissolving)	
FILE NOW!!! FEE IS \$50.00! Make Check Payable to Florida Department of State Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, CHATRICK L 961 ARDEN STREET LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 5/19/03 603-431-2480 Cayenne Phone #	

CR2E083 (1/0/02)