

LO1000011811

Health Care Options, LLC
(Requestor's Name)

860 E. Semoran Blvd
(Address)

Casselberry, FL 32707
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

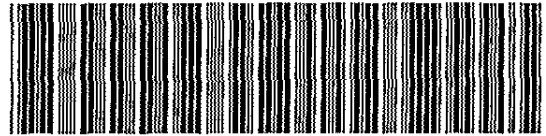
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300023703583

10/13/03--01024--003 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 OCT 13 PM 1:19

FILED

10/22
msf

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Health Care Options, LLC
2. The mailing address of the limited liability company is: 860 E. Semoran Blvd
Casselberry, FL 32707
July 18, 2001
3. Date of filing/registration in Florida
4. Document number L01000011811

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CHATRICK L. CLARK
Name
860 E. Semoran Blvd.
Address
Casselberry, FL 32707
City, State and Zip

6. The name and address of the new registered agent and/or office:

Franco Ferrari
Name
860 E. Semoran Blvd.
Florida street address (P.O. Box NOT acceptable)
Casselberry FL 32707
City, State and Zip

FILED
03 OCT 13 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Chatrick L. Clark
(Signature of a member or authorized representative of a member)

CHATRICK L. CLARK
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Franco Ferrari
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314